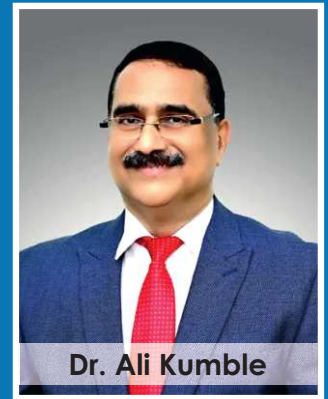


Indiana Hospital Praised For Effective COVID-19 Management



The Covid management team of Indiana Hospital rose admirably well to the challenges posed by the second wave of Covid-19 that saw a dramatic surge in the number of cases. The key to its success was the way it prepared itself to face the pandemic.



The second wave was catastrophic for all Indians. The sudden surge in the number of cases, and the critical nature of those who had fallen sick and required high quantity of oxygen and ventilators or NIV services, presented a big challenge to healthcare providers.

Most of the big hospitals are equipped with adequate number of ventilator/NIV facilities, and a maximum of 5-10 litres of oxygen, while the smaller ones had much lesser stock of oxygen. Hence, it wasn't surprising that all the hospitals could not cope with the sudden demand that arose with the arrival of such a large number of Covid patients. On account of Mangalore being the healthcare hub, the city hospitals were flooded with patients who had arrived from the neighbouring districts of Shivamogga, Hassan, Kodagu, Chikmagalur, Udupi, Uttara Kannada, and even from Kasargod in Kerala, creating a near-panic situation. But Indiana Hospital rose to the occasion, and dealt admirably well with the situation. The hospital received great appreciation from various quarters for effective COVID-19 management by the hospital.



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Well-coordinated and concerted efforts paid off

From page 1

Says Dr. Yusuf Kumble, managing director, Indiana, who led the team from the front, "Our ICU strength was only 20, but we took up the challenge of serving Covid patients and upgraded our ICU bed strength to 44. We re-organised the set up by hiring more NIVs, and preparing additional ICUs equipped with high concentration of oxygen beds. A special team was constituted to keep a tab on patients whose saturation level was of concern, and made arrangements with the authorities or private agencies to refill oxygen cylinders. We had oxygen reserves for 24 hours. We showed maximum concern for poor patients who could ill afford Covid hospitalisation with oxygen beds by assisting them in getting financial sanctions for government schemes, or by helping them through hospital's Fatima Trust. Since we were managing around 45 patients in the ICU alone at that time, a Covid team comprising specialist physicians, pulmonologists, emergency doctors, nurses, and super-specialists from

other fields such as cardiologists, nephrologists, neurologists, gastroenterologists, and paediatricians, was constituted. The team put in great efforts to treat Covid patients, and the results are there for everyone to see. Our immaculate planning and execution of strategies paid good dividend."

He added, "It is of immense satisfaction that around 50% of the patients on ventilators could be discharged after successful treatment; and almost all non-ventilator patients were discharged in good health. Our team was well-prepared, and handled everything well, and the result was gratifying. The major issue was curing those on ventilators, and our ICU team under Dr. Adhitya Bharadwaj, our consultant physician and intensivist, did an exceptional job on this front." While treating Covid cases was the priority, other patients too were given equal importance.

Indiana's expertise in tackling heart problems to the fore yet again

MANGALURU - Indiana Hospital's expertise in tackling heart problems was in full display once again as its doctors ensured that a woman in her sixties, with complex issues that prevented proper blood flow into her heart and brain, got a new lease of life after undergoing multiple surgeries at the hospital recently, adding yet another feather to the hospital's cap. A 54-year-old lady with multiple blocks in her heart as well her brain was desperately searching for a hospital to find a cure for her acute health issues. She had been advised to undergo bypass surgery. However, many hospitals that she had approached were not inclined to take up her case as it involved high risk because of the multiple blocks in her heart and brain. The risk of her

being afflicted by a stroke during a bypass surgery was high. It was at this juncture that her relatives heard of Indiana Hospital's expertise in this field, and approached the hospital. Dr. Yusuf Kumble, the Chief Interventional Cardiologist & Managing Director of Indiana, and his team successfully carried Carotid Angioplasty and Stenting without surgery on the 54-year-old, and removed the blocks in her brain. This was followed by a beating heart surgery, which was conducted by Dr. Moosa Kunhi, Indiana's eminent cardiac surgeon. The patient has now been discharged, and remains hale and hearty.



Indiana gets new surgical oncologist

MANGALURU -- Dr. Ajay Kumar has joined Indiana Hospital & Heart Hospital Mangaluru as consultant surgical oncologist. Dr. Ajay Kumar did his MBBS from Vijayanagara Institute of Medical Sciences, Bellary, Karnataka and later pursued MS from Navodaya Medical College Hospital & Research Centre, Raichur, Karnataka. He subsequently specialised in surgical oncology obtaining the M.Ch from Gujarat Cancer Research Institute, Ahmedabad. He had secured the All India 6th Rank in NEET-SS 2017 and was the recipient of a gold medal in MS (post-graduation) and silver medal in M.Ch university exams. An academically brilliant, Dr. Ajay won several gold and silver medals during MS post-graduation, both at national and south zone conferences.

Dr. Ajay has worked as an assistant professor in GI-HPB unit and simultaneously headed the Head and Neck unit for a period of 1 year. Many of his articles on cancer

related subjects have been published in national and international journals. Dr. Ajay has keen interest and expertise in Minimally Invasive Surgeries (laparoscopic & thoracoscopic) and organ preservation surgeries. He advocates the idea that it is important to detect cancer in the initial stages in order to be able to cure it. Dr. Ajay's areas of interests are GI and Hepato-Pancreatico-Biliary (HPB) surgeries, breast oncological surgeries, head and neck cancer surgeries with reconstruction, thoracic surgeries and gynaecological surgeries.



Dr. Ajay Kumar
MBBS, MS, Mch (Surgical Oncology)
Consultant Surgical Oncologist

Indiana celebrates World PT Day

MANGALURU – Indiana Hospital and Heart Institute celebrated the World Physiotherapy Day on September 8, designated as World PT Day. To mark the occasion, a cake was cut in the presence of Dr. Yusuf Kumble, managing director; Dr. Ali Kumble, chairman; Dr. Naveen Chandra Alva, senior consultant orthopaedic surgeon, Dr. Abhishek K. Phadke, consultant neonatologist, Venkatesh Kumpala, HOD, department of physiotherapy; Vijay, COO; and Amrutha, physiotherapist among others.

The theme of World Physical Therapy Day 2021 focuses on rehabilitation, long-term COVID management, and the significant contribution of physiotherapists to treating corona virus patients. Leelavati of HR department compered the brief ceremony, and Alwin, physiotherapist, proposed a vote of thanks. Using the World PT Day as a focal point to advance their cause, World Physiotherapy aims to support member organisations in their efforts to promote the profession as well as their expertise.



OPCABG operation is the best bet: Dr. Moosa Kunhi



HASSAN – A continuing medical education (CME) workshop held at Hotel Southern Star here by the Janapriya Indiana Heart Lifeline Hospital, Hassan in association with Indiana Hospital and Heart Institute, Mangaluru threw light on Ischemic Cardiomyopathy, a condition in which a patient’s heart is no longer capable of pumping enough blood to the rest of the body.

Dr. Yusuf Kumble, chief interventional cardiologist and managing director, Indiana Hospital and Heart Institute introduced Dr. Moosa Kunhi, an eminent surgeon who joined Indiana Hospital recently, to the audience. Dr. Moosa, delivering the keynote lecture, observed, “The number of Ischemic patients with severe blocks in arteries, heart attacks and severe heart muscle damage, and very weak heart are increasing in our country. It is now a major health problem around the world, and millions die every year without getting proper treatment. It is an acute medical condition, and most of those affected die in a matter of months. It is worse than stage-4 cancer.”

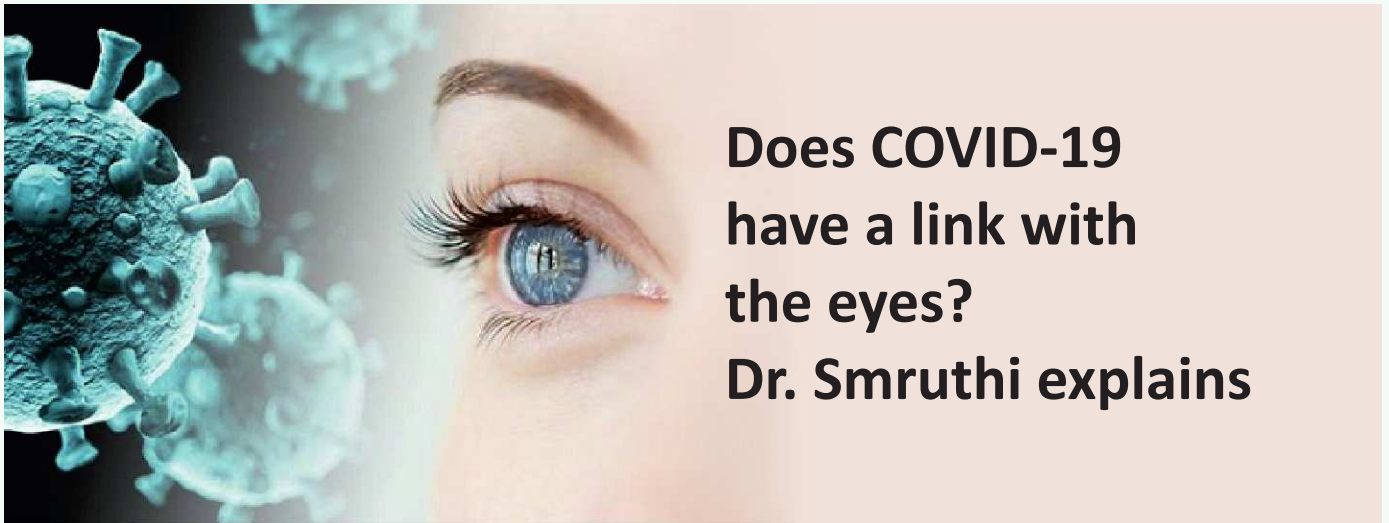
He added, “Unwelcome lifestyle and food habits, mental stress, lack of adequate physical exercise,

smoking, hypertension, diabetes, and increasing incidence of silent heart attacks are the main reasons for this fatal heart problem. Early detection with regular medical check-up in people with high risk factors could help in prolonging the life span.”

Symptoms include getting tired easily, breathing difficulty, diminishing working capacity, lack of sleep, and chest pain. Dr. Moosa said such people had a good chance of getting a heart failure. About treatment, the heart surgeon said, “There is no effective curative treatment for this condition as of now. Two important treatment methods being tried are OPCABG operation and Artificial Heart technology, as also heart transplant. Artificial Heart technology and heart transplant options are not widely available in our country. So, OPCABG operation is the best bet.” Dr. Siddharth V.T., consultant adult and paediatric cardiothoracic surgeon at Indiana Hospital, Mangaluru and Dr. Anup M., consultant cardiologist, Janapriya Indiana Heart Lifeline, Hassan also spoke on the occasion.

World Heart Day Celebrated at Indiana





Does COVID-19 have a link with the eyes?

Dr. Smruthi explains

The corona virus disease (COVID-19) caused by the highly-transmissible, acute respiratory syndrome, coronavirus 2 (SARS-CoV-2), has become a global pandemic since December 2019. Initially, there were several reports of irritation in the eye, and eye redness among COVID-19 patients, suggesting that conjunctivitis is an ocular manifestation of SARS-CoV-2 infection.

Indeed, one of the first providers to voice concerns over the spread of coronavirus among Chinese patients was Dr. Li Wenliang MD, an ophthalmologist. He later died of COVID-19, and is believed to have contracted the virus from an asymptomatic glaucoma patient in his clinic.

The prevalence of ocular manifestations among patients with COVID-19 ranges from 2% to 32%.

Ocular manifestations:

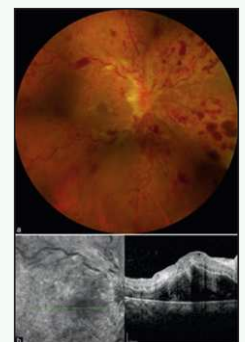
A. Eyelid, Ocular Surface and Anterior Segment Manifestations of COVID-19:

1. Follicular conjunctivitis is the most common ophthalmic manifestation documented among COVID-19 patients. Other forms like viral keratoconjunctivitis and pseudomembranous conjunctivitis have also been reported. Patients may have eye redness, ocular irritation, eye soreness, foreign body sensation, tearing, mucoid discharge, eyelid swelling, congestion and chemosis.
2. Sclera/Episclera: presented as episcleritis.
3. Anterior Chamber: Acute anterior uveitis has also been reported.

B. Posterior Segment Manifestations of COVID-19:

1. Retina: Etiopathogenesis: Patients of COVID-19 are in a procoagulant state as is evident from an elevated D-dimer, prothrombin time (PT), activated partial thromboplastin time (aPTT), fibrinogen, and cytokines even in the absence of common systemic conditions like hypertension, diabetes or dyslipidemia. Additionally, intermittent hypoxia in patients with pneumonia can induce the endothelial cells to release tissue factor, and trigger a cascade of extrinsic coagulation.
 - a. Central retinal vein occlusion (CRVO), Central retinal artery occlusion (CRAO), Acute macular neuroretinopathy (AMN), paracentral acute middle maculopathy (PAMM).

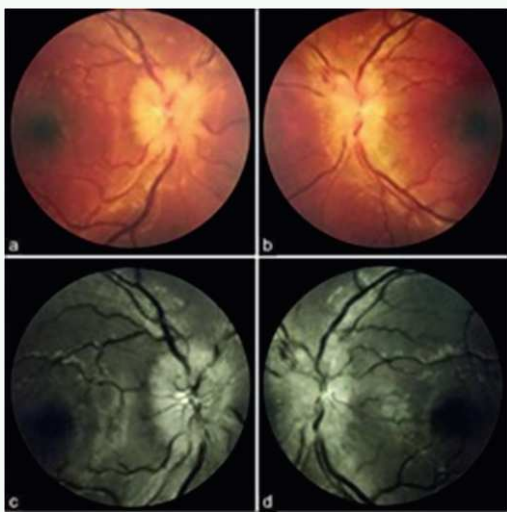
- b. Retinitis, Vitritis and outer retinal abnormalities like Acute Retinal necrosis. [image 1: Vasculitic retinal vein and artery occlusion are a manifestation of COVID-19.]



C. Neuro-ophthalmic Manifestations of COVID-19:

1. Papillophlebitis: There may be painless, unilateral, slight diminution of vision. Ophthalmic findings include dilated, tortuous retinal vessels, disc edema, superficial retinal hemorrhages, cotton wool spot with or without macular edema. [To page 6](#)

2. Optic neuritis: Neurotropism of the virus has been proposed as one of the mechanisms for the neurological and neuro-ophthalmic manifestations. Patients may suffer from painful vision loss, relative afferent pupillary defect (RAPD) in the more severely affected eye with visual field defects and optic nerve enhancement on magnetic resonance imaging (MRI). Treatment is the same as in a typical case of optic neuritis with intravenous methylprednisolone (IVMP) followed by oral prednisolone, leading to visual recovery and resolution of disc edema. [image 2: Bilateral atypical optic neuritis after a mild COVID-19 infection.]



3. Adie's tonic pupil

A patient with history of retro-ocular pain and difficulty in reading may have a tonic pupil two days after the onset of COVID-19 symptoms.

4. Miller Fisher Syndrome (MFS) and cranial nerve palsy: Onset of acute ataxia, loss of tendon reflexes and ophthalmoplegia, and isolated cases of cranial nerve palsies (3rd, 4th, 6th cranial nerve) have been reported in several patients recently diagnosed with COVID-19. These patients may have a history of acute onset of diplopia.

5. Cerebrovascular accident (CVA) with vision loss: Pre-existing endothelial dysfunction may make patients more susceptible, and they may have onset of acute bilateral, painless loss of vision.

D. Orbital Manifestations of COVID-19:

1. Dacryoadenitis
2. Retro-orbital pain
3. Mucormycosis



Mucormycosis is a life-threatening, opportunistic infection, and patients with moderate to severe COVID-19 are more susceptible to it because of the compromised immune system with decreased CD4+ and CD8+ lymphocytes, and associated comorbidities such as diabetes mellitus, which potentiates both the conditions, and decompensated pulmonary functions and the use of immunosuppressive therapy (corticosteroids).

Rhino-orbital cerebral (ROC) mucormycosis can occur concurrently with COVID-19 infection in patients undergoing treatment, or two to six weeks later. Mortality rate is as high as 50% even with treatment. Early diagnosis with histopathological and microbiological evidence, appropriate management with antifungals and aggressive surgical debridement (functional endoscopic sinus surgery and orbital exenteration) can improve the chances of survival. Simple tests like vision, pupil, ocular motility and sinus tenderness can be part of a routine physical evaluation of a COVID-19 patient hospitalized with moderate to severe infection or diabetics with COVID-19, or those receiving systemic corticosteroids.

A nasal swab for KOH mount and culture is a bedside procedure. Orbital exenteration for life-threatening infection is triaged as an urgent condition requiring surgery within 4-72 hours. Intravenous liposomal amphotericin B is started based on clinical suspicion or results of deep nasal swab.

MRI with contrast is very useful to determine the extent of the disease and intracranial extension. Development of unilateral facial or orbital pain, headache, periocular swelling or double vision, or diminution of vision should prompt even patients who have recovered from COVID-19 to seek immediate medical attention. Since majority of the patients develop symptoms of mucormycosis after recovering from COVID-19, follow-up of high-risk COVID-19 patients for sequelae is imperative.

Dr. Smruthi is the Consultant Ophthalmologist at Indiana Hospital & Heart Institute, Mangalore

Successful rare bypass surgery for weak heart helps avoid heart transplantation

A new lease of life for elderly patient



MANGALURU - In an extremely rare life-saving feat, renowned cardiac surgeon Dr. Moosa Kunhi M.K. and his team of doctors at Indiana Hospital & Heart Institute, Mangaluru successfully performed in the last week of August a high-risk bypass surgery on an elderly female patient, giving her a new lease of life.

The patient, 61-year-old Mrs. Nabeesa of Kasargod, was admitted in the hospital with a heart pumping power of less than 15%. The successful bypass surgery using advanced techniques avoided the need for a heart transplant, and saved her from imminent death.

“Such patients normally require heart transplant,” Dr. Moosa said. “Heart pumping power of less than 15% is a critical life-threatening condition. Such patients don’t survive even for a few days without aggressive treatment.”

Bypass surgery on patients with extremely low heart pumping power is rarely attempted. This is a first-of-its-kind operation in Mangalore and this part of the country. The surgery was performed using the latest Off-Pump Bypass Surgery Technique, a method that does not require a heart lung machine.

The patient recovered fully within a week of the surgery, which lasted for about six hours. She had four blocks. Now the pumping power of her heart has increased to more than 22%. She feels comfortable walking, and can climb up to two floors at a stretch. She is fit and discharged from the hospital.

“It can take a few months and up to two years for the heart to regain near normal pumping capacity,” Dr. Moosa said.

It was Dr. Yusuf Kumble, Chief Interventional Cardiologist and Managing Director of Indiana Hospital, who initially examined her and

recommended that she undergo surgery. “She was in a critical condition when she approached me. She had severe breathlessness and low blood pressure, low oxygen level in blood and pulmonary oedema.

She needed a few days of ventilator and oxygen support to stay alive, and be fit for bypass surgery,” Dr. Yusuf said. “Dr. Moosa is among the handful of cardiac surgeons in India and the world who is experienced enough to conduct this type of high-risk bypass operation with very high success rate,” he added.

Mrs. Nabeesa was enjoying good health, but about a month ago, she suddenly developed severe breathing difficulty and chest discomfort. She was not able to walk or lie-down because of breathlessness.

“Probably she was suffering from silent heart attacks,” Dr. Yusuf opined.

Angiogram and other medical investigations showed that her heart pumping power was just 15%; that she had a grossly enlarged heart and four critical blocks, including one in the main artery. Hers was a life-threatening situation.

Dr. Moosa explained that the present trend internationally is to attempt bypass surgery on such patients rather than go in for heart transplant. The most promising treatments are heart transplant and artificial heart implantation, but these are not widely practiced in our country.

“Recent developments in this field have shown that bypass surgery, especially Beating Heart Bypass surgery without using a heart lung machine, gives good results. It is good news for such patients,” said Dr. Moosa.

OUR IN-HOUSE DOCTORS - 24x7

DEPARTMENT OF CARDIOLOGY

DR. YUSUF A KUMBLE

MBBS, MD, DM (CARDIOLOGY - AIIMS), (DNB CARDIO), FSCAI, FESC, FACC
Chief Interventional Cardiologist, Managing Director - IHHI Ltd.

DR. MANJUNATH S. PANDIT

MBBS, MD, DM (CARDIOLOGY)
Consultant Interventional Cardiologist

DR. PRACHI SHARMA

MBBS, M.D, DNB, DM (INTERVENTIONAL CARDIOLOGY) Gold Medalist
Consultant Interventional Cardiologist

DEPARTMENT OF CARDIOTHORACIC & VASCULAR SURGERY

DR. M.K. MOOSA KUNHI

MBBS, MS, MCh, FIACS
Director Cardiovascular Science Chief Cardio Thoracic & Heart Transplant Surgeon

DR. SIDDHARTH V.T.

MBBS, MS (GEN SURG), MCh (CVTS)
Consultant Adult & Paediatric Cardiothoracic Surgeon

DEPARTMENT OF CARDIAC ANAESTHESIA

DR. K. MADHAN

MBBS, MD, FCCM, DM (CARDIAC ANAESTHESIA)
Consultant Cardiac Anaesthesiologist

DEPARTMENT OF INTERNAL MEDICINE & CRITICAL CARE

DR. ADITHYA BHARADWAJ

MBBS, DNB (MED), MRCP (U.K.), MRCP (LON) IFCCM
Consultant Physician, Diabetologist & Intensivist

DR. MOHAMMED SHA ALAM M.B

MBBS, MD (GENERAL MEDICINE)
Consultant - General Medicine

DEPARTMENT OF PAEDIATRICS

Prof. DR. ALI KUMBLE

MBBS, MD (PAEDIATRICS)
Sr. Consultant & HOD (PAEDIATRICS), Chairman - IHHI Ltd.

DR. ABHISHEK K. PHADKE

MBBS, DNB (PAEDIATRICS), FIAP (NEONATOLOGY)
Consultant Neonatologist

DR. ARUN VARGHESE

MBBS, MD (PAEDIATRICS) FCCP (PAEDIATRIC CRITICAL CARE)
Consultant - Paediatric Intensivist

DEPARTMENT OF PAEDIATRIC SURGERY

DR. VIJAYMAHANTESH S. SAMALAD

MBBS, MS, MCh (PAEDIATRIC SURGERY), PGIMER - Chandigarh
Fellow in Paediatric Urology
Consultant Paediatric and Neonatal Surgeon and Paediatric Urologist

DEPARTMENT OF PAEDIATRIC CARDIAC SURGERY

DR. M.K. MOOSA KUNHI

MBBS, MS, MCh, FIACS
Director Cardiovascular Science Chief Cardio Thoracic & Heart Transplant Surgeon

DEPARTMENT OF RHEUMATOLOGY

DR. ARIFA HALEEMA SIDDIQUI

MBBS, DNB (GENERAL MEDICINE) MRCP (RHEUMATOLOGY) UK
Consultant Rheumatologist

DEPARTMENT OF ENT

DR. PALLAVI PAVITHRAN

MBBS, MS (ENT), DNB (ENT)
Consultant ENT Surgeon

DEPARTMENT OF PULMONARY MEDICINE

DR. DON GREGORY MASCARENHAS

MBBS, MD DNB
Consultant Pulmonologist & Allergist

DEPARTMENT OF NEUROLOGY

DR. ZK MISRI

MBBS, MD (MED) DM (NEURO)
Associate Professor & Sr. Consultant Neurologist

DR. SAFWAN AHMED

MBBS, MD, DM (NEUROLOGY) (NIMHANS)
Consultant Neurologist

DEPARTMENT OF NEURO SURGERY

DR. ELVIS RODRIGUES

MBBS, MS (GENERAL SURGERY), MCh (NEURO SURGERY) NIMHANS
Sr. Consultant Neuro Surgeon

DEPARTMENT OF NEPHROLOGY

DR. PRADEEP K.J.

MBBS, MD (GENERAL MEDICINE), DM (NEPHROLOGY)
Sr. Consultant Nephrologist & Kidney Transplant Physician

DEPARTMENT OF UROLOGY

DR. B M ZEESHAN HAMEED

MBBS, MS, MCh (UROLOGY) FRLS, PGDHMM, PGDMLS
Professor of Urology & Renal Transplant

DR. RAJEEV T P

MS, DNB, MCh
Professor & Visiting Consultant Urologist

DEPARTMENT OF PAEDIATRIC UROLOGY

DR. VIJAYMAHANTESH S. SAMALAD

MBBS, MS, MCh (PAEDIATRIC SURGERY), PGIMER - Chandigarh
Fellow in Paediatric Urology
Consultant Paediatric and Neonatal Surgeon and Paediatric Urologist

DEPARTMENT OF EMERGENCY MEDICINE

DR. AJITH ALFRED SOLOMON

MBBS, MEM (GWU-USA)
Consultant - Emergency Medicine

DR. SHAMNA MINAZ

MBBS, MEM
Consultant

DEPARTMENT OF ORTHOPAEDIC & JOINT REPLACEMENT SURGERY

DR. JALALUDDIN MV

MBBS, MS (ORTO), MCh (ORTHO)
Sr. Consultant Orthopaedic Surgeon
(SPINE & JOINT REPLACEMENT)

DR. NAVEEN CHANDRA ALVA

MBBS, MS, D'ORTHO, MS (ORTHO)
Sr. Consultant Orthopaedic Surgeon

DR. AHMED RIZWAN CM

MBBS, MS (ORTHO), MCh (ORTHO), D'ORTHO
Fellow in Deformity Correction - Ilizarov, (RUSSIA)
Baltimore (USA), NARRA (CHINA)
Consultant Orthopaedic Surgeon

DR. LATHEESH L

M.B.B.S., M.S (ORTHO), DNB (ORTHO),
FNB (HAND & MICRO SURGERY)
Fellowship in Podiatry Surgery (IPA)
Consultant Hand Micro & Reconstruction Surgery,

DR. BHAGATH L. S.

MBBS, D'ORTHO
Consultant Orthopaedic Surgeon

DR. HASHIR SAFWAN U

MBBS, MS (ORTHO), D'ORTHO, A.O. SPINE FELLOW
Consultant Spine & Scoliosis Surgeon

DR. S. SHIBLI

MBBS, MS (ORTHO), D'ORTHO
Children & Young Adult Orthopaedic Surgeon

DR. NAVANEETH S KAMATH

MBBS, MS (ORTHO), HBNI - Orthopaedic Oncology
(TATA MEMORIAL HOSPITAL, MUMBAI)
Consultant Orthopaedic Onco Surgeon

DEPARTMENT OF DERMATOLOGY

DR. SHUBHA DHANPRAKASH

MBBS, DDVL (DERMATOLOGY, VENEREOLOGY & LEPROSY)
Consultant Dermatologist

DEPARTMENT OF ONCOLOGY

DR. AJAY KUMAR

MBBS, MS, MCh (SURGICAL ONCOLOGY)
Consultant Surgical Oncologist

DEPARTMENT OF GASTROENTEROLOGY & HEPATOLOGY

DR. APOORVA SRIJAYADEVA

MBBS, DNB (MEDICINE), DNB (MEDICAL GASTROENTEROLOGY), FCCP
Consultant Interventional Gastroenterologist

DEPARTMENT OF GYNAECOLOGY

Prof. DR. BHAVANA SHERIGAR

MBBS, MD, (OBG), FICOG
Sr. Consultant Obstetrician & Gynaecologist

Dr Zulfiya Shabnam

MBBS, DNB (OBG)
Consultant Obstetrician & Gynaecologist

Dr Sapna Chauhan

MBBS, DGO, DNB (OBG)
Consultant Obstetrician & Gynaecologist

DEPARTMENT OF GENERAL SURGERY

DR. KESHAV PRASAD Y.V

MBBS, MS (GEN SURG), DNB (GEN SURG), FMAS, FIAGES
Consultant General & Laparoscopic Surgeon

Prof. DR. ASHFAQUE MOHAMMED

MBBS, DNB (GENERAL SURGERY), FIAGES, FACS
Advanced Laparoscopic Surgeon

DEPARTMENT OF DENTISTRY

DR. MEGHANA S KUMAR

BDS, MDS
Consultant Paediatric Dentist

DEPARTMENT OF PSYCHIATRY

DR. SIVA SIVAKANTHA

MBBS, MD (PSYCHIATRY)
Sr. Consultant Psychiatrist

DEPARTMENT OF OPHTHALMOLOGY

DR SMRUTHI

MBBS, MS Ophthal IOL Fellow(CATARACT)
Consultant Ophthalmologist

DEPARTMENT OF ANAESTHESIOLOGY

DR. SEEMA ALVA

MBBS, DA (ANASTHESIA)
Consultant Anaesthesiologist

DR. SHANFAR

MBBS, MD (ANASTHESIA)
Consultant Anaesthesiologist

DEPARTMENT OF RADIOLOGY

DR. PRAVEEN ACHAR

MBBS, DMRD
Senior Consultant Radiologist

DEPARTMENT OF LABORATORY

DR. BHASKAR U A

MBBS, MD (MICROBIOLOGY)
HOD & Consultant Microbiologist

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VISITING CONSULTANTS

DR. PRASHANT VAIJANATH

MBBS, MS (PGI), MCh (CVTS - AIIMS), FACS, FCS
Senior Consultant Cardiothoracic, Vascular & Heart Transplant Surgeon

DR. MOHAMMAD SAMEERUDHEEN

MBBS, DNB, MS (CATARACT & REFRACTIVE SURGERIES & GLUCOMA)
Consultant Ophthalmologist

DR. NIKHIL S. SHETTY

MBBS, MS (GENERAL SURGERY),
MCh (PLASTIC & RECONSTRUCTIVE SURGERY)
Consultant Plastic & Reconstructive Surgeon

DR. GURUNANDAN U.

MBBS, MS (GENERAL SURGERY),
DNB (VASCULAR & ENDOVASCULAR SURGERY)
Consultant Vascular Surgeon

DR. MUSTAFA K.

BDS, MDS
Maxillofacial Surgeon Consultant

DR. KESHAV BHAT K

BDS, MDS
Maxillofacial Surgeon

DR. RAJESH KRISHNA

MBBS, MD (GEN MEDICINE), MRCP (UK)
FRCPath (HAEMATOLOGY), CCT Haematology (UK)
Consultant Haematologist (HAEMATO-ONCOLOGY)

DR. ASHRAF AHMED

MBBS, MS, MCh (PAEDIATRIC SURGERY)
Paediatric Surgeon

DR. SANDEEP RAI

MBBS, MS, MCh (PAEDIATRIC SURGERY)
Paediatric Surgeon

DR. NAJEEB BEHZAD MOHAMMED

Medical Oncologist-MBBS, MD-General
Medicine, DM-Medical Oncology