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President
Dr. Girish Tyagi
M: 9868116491

Hony. State Secretary
Dr. Arvind Chopra
M: 9910515062

Hony. Finance Secretary
Dr. Ashok Aggarwal
M: 9810048230

Hony. Associate Editor
Dr. Kamal Parwal
M: 9811112714

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पिछले कई महीनों से हमारे सामने Disciplinary Committee के सदस्य के रूप में डाक्टरों के खिलाफ आम आदमी की शिकायतों के निवारण के दौरान निम्न तथ्य सामने आये।

1. हम लोग Documentation को बहुत ही Casually लेते हैं।
2. मरीज पर किसी भी तरह का Procedure करते समय उसे उस Procedure के सभी मुमकिन Complication को विस्तार - पूर्वक समझाना चाहिए और ये पूरी प्रक्रिया मरीज की भाषा में हो और Properly Documented हो।

Informed Consent की सभी आवश्यक नियमों का अक्षरसः पालन होना चाहिए। इसमें किसी भी तरह की कोताही आपके लिए Professional Suicide है।

3. सबसे महत्वपूर्ण बात है संवाद। मरीज की हालत और उसके ठीक होने या न होने की सम्भावना को विस्तारपूर्वक मरीज और उसके रिश्तेदारों को बताना चाहिए और उसको किसी भी प्रकार की झूठी दिलासा बहुत ही खतरनाक हो सकती है।

आज के दिन आपके द्वारा उपचार पाने वाला हर मरीज आने वाले कल का सम्भावित Litigant हो सकता है।

इन्हीं तमाम कारणों को ध्यान में रखकर दिल्ली के अलग-अलग हिस्सों में दिल्ली मेडिकल एसोशिएसन द्वारा पाँच वर्कशाप आयोजित किये जा रहे हैं। इसमें लोकल ब्रांचो को शामिल कर स्थान, समय की सूचना दी जायेगी।

आज हम किसी कानून से जो राज्य द्वारा पारित है उससे बच पाने की स्थिति में नहीं हैं। हमारे लिए बेहतर विकल्प है कि हम ऐसे कानूनों को पारित होने से पहले विरोध कर इन्हे पास होने से रोके। पर हाल में ही पारित प्रावधानों में से एक एसोशिएसन के तौर पर बुरी तरह विफल रहे इंडियन मेडिकल एसोशिएसन की जिम्मेदारी बनती है कि वह अपनी स्टेट ब्रांच को विश्वास में लेकर ही आंदोलन की रूपरेखा तैयार करे ताकि उसके सफल होने की गारंटी हो।

डॉ गिरीश त्यागी
अध्यक्ष

डॉ अश्विनी डालमिया
उपाध्यक्ष

Violence in health care

The ministry of health , government of india, richly deserves to be congratulated for starting the process of enacting the much demanded central act to curb the ever increasing violence against health care establishments.

The draft bill has been released for the comments of all concerned and in hope against hopes , of being considered objectively, (unlike NMC bill, and many draconian rules passed by environment ministry earlier), may I suggest certain modifications in the draft bill.(please refer to the draft bill on MOH web site)



1. The title may be "HEALTH CARE SERVICES (Protection of personal and property act 2019) or HCS PPP in short.
2. In place of word "single doctor" in section (e) of definitions of clinical establishment the phrase "any individual doctor or health care personnel" be mentioned.
3. The definition of Health care personal should be extended to include all full time, part time or visiting employees of establishment including but not limited to the front office, accounting, house keeping and security staff etc.

4. In section (d) the definition of "violence" must include all

sorts of indecent behaviour, verbal abuse and unauthorised entry or assembly of more than 2 people in critical area of hospital like ICU and OT.

5. In section 2 pertaining to procedure and punishments a phrase, "**it should be mandatory for investigating officers to register all cases of health care violence under this act in addition to other applicable sections of IPC and CrPC.**

Further failure to do so in reasonable time frame should invite disciplinary action as prescribed" should be added.

6. The primary complainant should be the establishment, and not the "victim of violence" only.

Since the victim employee may not be able to follow it up and therefore the case is weakened. Necessary provisions in this act should over ride pertaining sections of CrPC.

Further it is not quantum of punishment which is more important, as hyped but certainty of punishment which acts as a better deterrent against such heinous crime.

Dr. Kamal Parwal

Hony. Associate Editor

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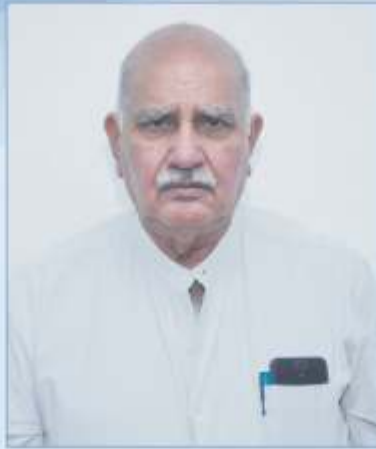
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Dr. Arvind Chopra
Hony. State Secretary, DMA
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Hony. State Secretary's Pen...

Dear Friends,

All the medical fraternity is very much perturbed with the one more incidence assault on Doctor in Assam. It is painful to express our concern repeatedly at assaults on doctors across the country. On 31st Aug 2019 Dr. Deben Dutta on Duty at Tiok TE of Jorhat district was manhandled and physically assaulted by miscreants of Tiok TE and he expired on his way to Jorhat Medical College. This incidence has crossed all tolerable limits and DMA has found no words to condemn it.

Doctors are the integral part society and work selflessly, day and night for the welfare of society. DMA request the Government to take all necessary steps, to not only book the culprits under the relevant sections of IPC, but to show exemplary fast tract punishment to the murderers of Dr. Deben Dutta.

DMA has been demanding for the strict National Law Against Hospital Violence and assault on doctors from the government. Recently, the Health Ministry has proposed a maximum of 10 years of imprisonment and Rs. 10 lakh fine for assaulting a doctor or health care personnel under a drat law. The ministry has also invited suggestions from the public on the draft legislation- THE HEALTH SERVICES PERSONAL AND CLINICAL ESTABLISHMENTS(PROHIBITION OF VIOLENCE AND DAMAGE TO PROPERTY) BILL 2019. The draft bill is open for suggestion for 30 days. The Ministry put it in the public domain Draft Legislation of the Doctors Protection Act. The objections/suggestions may be forwarded from the date of issue of this notice by email at us-ms-mohfwnic.in or to Sh. Rajeev Attri, Under Secretary (Medical Services Division), Ministry of Health and Family Welfare Room no. 514(b), A- Wing, Nirman Bhawan New Delhi-11.

Under this bill those who will commit violence and cause grievous hurt to any healthcare service personnel shall be punished with imprisonment for a term not be less than 3 years, which may extended to ten years and with fine, not less than Rs. 2 lakh which may extend to Rs. 10 lakh.

The draft bill also provisions for the compensation which could be twice the market value of the property damaged and Rs. 1 lakh to Rs. 5 lakh for being assaulted or hurt.

Another important salient feature of the bill is that it makes the offence of violence to be cognizable and non-bailable one.

The legislation is being introduced to address the rise in instances of violence against healthcare service professionals and damage to the property of clinical establishments across the country.

Last but not the least I on behalf of the medical fraternity of Delhi congratulates our National Past President Dr. K.K. Aggarwal for unanimously elected as the new President of the Confederation of Medical Association of Asia and Oceania (CMAAO) for 2019/20. The objective of CMAAO has been to promote the academic exchange of information on health issues and cultivate ties of friendship between member medical associations.

Dr. Arvind Chopra
Hony. State Secretary

THE HEALTHCARE SERVICE PERSONNEL AND CLINICAL ESTABLISHMENTS (PROHIBITION OF VIOLENCE AND DAMAGE TO PROPERTY) BILL, 2019.

A
BILL

to prohibit violence against healthcare service personnel and damage or loss to property of clinical establishments and for matters connected therewith and incidental thereto.

WHEREAS, acts of violence causing injury or danger to life of healthcare service personnel and damage or loss to the property of clinical establishments are on the increase in the country creating unrest among healthcare service personnel resulting in hindrance to healthcare services in the country;

AND WHEREAS, to protect healthcare service personnel and property of clinical establishments against violence, it has become necessary to prohibit such acts of violence, to provide for punishment by making such acts of violence as cognizable and non-bailable offence and to provide compensation for injury to healthcare service personnel or for causing damage or loss to the property of clinical establishments;

BE it enacted by Parliament in the Seventieth Year of the Republic of India, as follows:

CHAPTER I PRELIMINARY

1. Short title, extent, application and commencement —

- (1) This Act may be called the Healthcare Service Personnel and Clinical Establishments (Prohibition of violence and damage to property) Act, 2019.
- (2) It extends to the whole of the India.
- (3) It applies to clinical establishments as defined in clause (a) of section 3 and registered under the Clinical Establishments (Registration and Regulation) Act, 2010 or under any State Act for the time being in force.
- (4) It shall come into force on such date as the Central Government may, by notification in the Official Gazette, appoint.

2. Application of other laws not barred- The provisions of this Act shall be in addition to, and not, save as otherwise expressly provided, in derogation of any other law for the time being in force.

Definitions-In this Act, unless the context otherwise requires—

(a) "clinical establishment" means

- (i) hospital, maternity home, nursing home, dispensary, clinic, sanatorium or an institution by whatever name called that offers services, facilities requiring diagnosis, treatment or care for illness, injury, deformity, abnormality or pregnancy in any recognized system of medicine established and administered or maintained by any person or body of persons, whether incorporated or not; or
- (ii) a place established as an independent entity or part of an establishment referred to in sub-clause (i), in connection with the diagnosis or treatment of diseases where pathological, bacteriological, genetic, radiological, chemical, biological investigations or other diagnostic or investigative services with the aid of laboratory or other medical equipment, are usually carried on, established and administered or maintained by any person or body of persons, whether incorporated or not; and shall include a clinical establishment owned, controlled or managed by-

- (A) the Government or a department of the Government; or a Public Sector Undertaking or Autonomous Body of the Government;
- (B) a trust, whether public or private;
- (C) a corporation (including a society) registered under a Central, or Provincial or State Act, whether or not owned by the Government;
- (D) a local authority; and
- (E) a single doctor,

Explanation:

- i. For the purposes of this clause, an ambulance or a mobile medical unit shall be deemed to be a clinical establishment if such vehicle is fitted with medical equipment and is used for providing healthcare service.

(b) "healthcare service personnel- in relation to a clinical establishment, shall include

- i) A registered medical practitioner, possessing a recognized medical qualification as defined in clause (h) of section 2 of the Indian Medical Council Act,

1956, and enrolled in a State Medical Register as defined in clause (k) of that section;

- ii) a medical practitioner registered for practising in any other system of medicine which is recognized under any law for the time being in force;
 - iii) a registered dentist, registered dental hygienist and registered dental mechanic as defined in clause (l) of Section 2 of the Dentist's Act, 1948;
 - iv) a registered nurse, midwife, auxiliary nurse-midwife and health visitor who is registered as such under section 15A of the Indian Nursing Council Act, 1947;
 - v) a medical student who is undergoing education or training in any system of medicine recognized by any law for the time being in force;
 - vi) a nursing student who is undergoing education or training in nursing profession;
 - vii) a para-medical workers, para-medical student and diagnostic services provider; and
 - viii) ambulance driver and helper,
- (c) "section" means a section of the Act;
- (d) "violence" means an act which causes or may cause....
- (i) harm, injury, hurt, grievous hurt, intimidation to, or danger to the life of, a healthcare service personnel in discharge of duty, either within the premises of a clinical establishment or otherwise; or
 - (ii) obstruction or hindrance to a healthcare service personnel in discharge of duty, either within the premises of a clinical establishment or otherwise; loss of or damage to any property or documents in a clinical establishment;
- (e) Words and expression used herein and not defined, but defined in Indian Penal Code or in the code of criminal procedure, 1973 shall have the meanings respectively assigned to them in those Codes.

CHAPTER II OFFENCES AND PENALTIES

- 4. Prohibition of violence-** No person shall indulge in any act of violence against a healthcare service personnel or cause any damage or loss to any property in a clinical establishment.
- 5. Offences and penalties :** (1) Whoever commits violence or abets or incites commission of violence against any healthcare service personnel or abets or incites or causes

damage or loss to any property of a clinical establishment, shall, upon conviction, be punished with imprisonment for a term which shall not be less than six months but which may extend to five years, and with fine, which shall not be less than fifty thousand rupees but which may extend to five lakh rupees;

- (2) Whoever, while committing violence as referred to in sub-section (1), causes grievous hurt as defined in section 320 of the Indian Penal Code to any healthcare service personnel, shall, upon conviction, be punished with imprisonment for a term which shall not be less than three years, but which may extend to ten years, and with fine, which shall not be less than two lakh rupees, but which may extend to ten lakh rupees.

6. Information of offence- Notwithstanding anything contained in the Code of Criminal Procedure, 1973, upon a written request of the aggrieved healthcare service personnel, it shall be mandatory for the person in charge of a clinical establishment to inform the officer in charge of the concerned police station of the commission of an offence under this Act.

7. Offence to be cognizable and non-bailable- Notwithstanding anything contained in the Code of Criminal Procedure, 1973, an offence punishable under this Act shall be cognizable and non-bailable.

8. Investigation of offence- Notwithstanding anything contained in the Code of Criminal Procedure, 1973, any case registered under this Act shall be investigated by a police officer not below the rank of Deputy Superintendent of Police.

9. Compensation for acts of violence -

(1) In addition to the punishment provided for the offence under section 5, the convicted person shall be liable to pay, by way of compensation

- (i) an amount, twice the amount of fair market value of the damaged property or the loss caused, as may be determined by the court;
- (ii) one lakh rupees for causing hurt to healthcare service personnel and five lakh rupees for causing grievous hurt to healthcare service personnel.

(2) If the convicted person does not pay the compensation granted under sub-section (1), the said sum shall be recovered as an arrear of land revenue under the Revenue Recovery Act, 1890.



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DIRECTOR



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Obstetrician related difficulty an Ultrasonologist faces Reference the Form F of the PCPNDT act!

Form F is an important document of the PCPNDT act, which needs to have several details filled out in order to be complete in all respects.

These include relevant verifiable information about the patient, full details of the obstetrician who has referred the case, indications for doing ultrasound, what was decided thereafter and declaration by the ultrasonologists that sex of the unborn was not revealed to the patient or her relatives.

The problem, many times, arises from the obstetrician's side.

Their address, place of work, registration number is often missing. This is nearly always the case of patients referred from government hospitals. Patients coming from there also do not know the name of the obstetrician, treating them. The signatures of doctors are mostly illegible.

Often reason for requesting an ultrasound examination, as per those enumerated in form F, is not provided. Advising the patient to get the ultrasound done, on phone is frequently practiced.

Patients do not know the intricacies of this form F. Hence, they are put to difficulties when they are questioned at the reception of the hospital, The wrath of their frustration/anger has to be borne by the ultrasonologist or the assisting staff.

It is requested that all obstetricians, wherever they may be practicing, keep a copy of form F handy and provide details as per the form. This form is available on the net anyone can download it from Google. There can be no excuse for insufficient, improper filling and ignoring its contents.

The PCPNDT authorities also need to step up their act and duty in ensuring, that obstetricians are suitably advised in this direction.

Coming down hard on ultrasonologists due to someone else's fault is unfair to say the least.
The responsibility for the success of this act does not rest solely with ultrasonologist;
this is a joint effort of all stake holders.

Contributed By

Dr. Rajesh Gothi

Sr. Consultant in Imaging, Holy Family Hospital
rajeshgothi@gmail.com



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Invitation/ Announcement.

PULMOCON-2019

(A CME on Pulmonary Medicine)

1:00-1:50pm	Lunch Anchor : Dr. Manish Gaba Coordinators: Dr. KarishmaWalia, Dr. Nisarg Patel, Dr. Rajesh Yadav, Dr. Aayushi Gupta, Dr. Pratik Kapyayan
1:50- 3:00pm	Scientific Session
1:51-2:10pm	Welcome: Dr. H.K. Chopra , Chairman CME, COP, MoolchandMedcity. Dr. Girish Tyagi , President, DMA. Dr. Sandeep Sharma , President, IMA SDB Introduction: Dr. P.K. Mangla , Org.Chairman
Chief Guests	Accolades: Dr. Girish Tyagi , President, Delhi Medical Association Dr. J.C. Suri , Chairman, Medeor JCS Institute of Pulmonary, Critical Care and Sleep Medicine, New Delhi.
Chairpersons	Dr. Vijay Langer, Dr. V. Anand, Dr. A.K. Bali, Dr. Rajesh Meena, Dr. Ranjit Kaur.
Speakers	
02:11-02:25pm	Dr. P.K. Mangla TB Management : New Frontiers
02:26-02:40pm	Dr. J.C. Suri Obstructive Sleep Apnea : Clinical Implications
02:41-02:55pm	Dr. Bhagwan Mantri Pulmonary Fibrosis : Management Strategies.
Panel Discussion	Moderator Dr. P.K. Mangla
02:41-03:00pm	Discussion
Expert Panel	Dr. JC Suri, Dr. BhagwanMantri, Dr. Srikant Sharma Dr. S.K. Bakshi,
Panel	Dr. J.S. Arora, Dr. Muktesh Sharma, Dr. A.K. Gaur, Dr. Anil Malik, Dr. Manju Hotchandani, Dr. Shiv Chopra, Dr. Sachin Ambekar, Dr. Ramesh Kumar Dr. R. Hotchandani, Dr. SurabhiAwasthi, Dr. Harmeet Singh, Dr. Shushi Bala, Dr. Chanchal Pal, Dr. Manoj Kumar, Dr. J. Nagpal, Dr. Sadhana Kala, Dr. Yuvakshi Juneja, Dr. Indu Bala Khatri, Dr. MitaVerma, Dr. Bundana Sodhi, Dr. Raj Bokaria, Dr. Bhavna Anand, Dr. Anjali Mathur, Dr. Satish Mehta, Dr. Swaraj Misra, Dr. NeerajTyagi, Dr. S.K. Thakur, Dr. Harsh Kapoor, Dr. Rajeev Shandil, Dr. Abhay Singh, Dr. Ravi Prakash, Dr. Avinash Bansal, Dr. D. Grover, Dr. Subhash Chandra, Dr. Asha Bakshi, Dr. N.K. Rastogi, Dr. P. Acharjee, Dr. Akash Subharwal, Dr. Vishal Nigum, Dr. N. Sachdeva, Dr. S. Mishra, Dr. Payal Gupta, Dr. Rohit Sharma, Dr. Navneet Agarwal, Dr. Ashish Saini, Dr. Sanjay Rai, Dr. Gulnar Mufti, Dr. G.S. Grewal, Dr. K. Kukreja, Dr. A.K. Israni, Dr. L. Kathpalia, Dr. Rajeev Handa, Dr. Savita Puri, Dr. V. K. Narang, Dr. M. Pabrai, Dr. A. Bhatia, Dr. A. Arora, Dr. Shushi Rekha, Dr. Garima Agarwal
03:01-03:05pm	Dr. Madhu Handa Vote of Thanks

MoolchandMedcity	: Chairman CME, COPDr. H.K. Chopra.
PULMOCON	: Org. ChairmanDr. P.K. Mangla, Org. SecretaryDr. BhagwanMantri.
Delhi Medical Association	: Dr. Girish Tyagi, President, Dr. Arvind Chopra, Secretary.
IMA South Delhi Branch	: Dr. Sandeep Sharma, President, Dr. R.K. Sinha, General Secretary IMA SDB Dr. Harmeet Singh, Joint Secretary, IMA SDB, Dr. R.K. Bakshi, Secretary Finance

Venue: Moolchand Auditorium, Moolchand Medcity, Lajpat Nagar-III, New Delhi -110024

Date: Saturday, Sept. 21st, 2019 | Time: 01:00pm- 3:05pm

Registration is Complimentary: Please Contact: M +919953495337 | E-medical.administration@moolchandhealthcare.com



DMA FIRST PHOTO DIRECTORY

As you are aware that Delhi Medical Association is going to publish its FIRST PHOTO DIRECTORY 2019 for its members.

To reach out more and more members DMA took an initiative and launched online facility (on your computer as well as on mobile) to fill up/check/update your proforma and upload your photograph. It will save your time & money too.

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at 9971212747-Sudhir Kumar

Dr. Girish Tyagi
President

Dr. Arvind Chopra
Hony. State Secretary

Dr. Ashwini Dalmiya
Chairman Directory Committee

Activity Reports of IMA East Delhi

Independence Day Celebrations

IMA East Delhi Branch celebrated 73rd Independence on 15th Aug 2019 with full tradition, joy and galore at IMA EDB Bhawan, Karkardooma under the leadership of Dr. Poonam Goyal, President, IMAEDB. Flag hoisting ceremony was done with august gathering of Past Presidents, and many senior members of the branch took part in.



USG Workshop

IMA East Delhi Branch organized USG Workshop Module on USG - To Improve Your Scanning Skills on 20th August 2019 at IMA EDB Bhawan, Karkardooma. Speakers were Dr. Ponnam Goyal, Dr. Neelam Lekhi, Dr. Sucharita Jain & Dr. Kuldeep Singh and attended by more than 40 doctors & appreciated by one and all.



CME on Hypertension & Lifestyle and Tips for Financial Management

IMA EDB organized a CME on Hypertension & Lifestyle and Tips for Financial Management on 28th August 2019 at IMAEDB Bhawan. Speaker were Dr. Ajay Mittal, Renowned Interventional Cardiologist & Mr. Rohit Raman, Financial Adviser, Blueant. It was attended by more than 50 doctors.



CME on Acute & Chronic Hepatitis

IMA East Delhi Branch organized CME on Acute & Chronic Hepatitis on 27th August 2019 at IMAEDB Bhawan. Speaker was Dr. Rajeev Bansal, Senior Physician spoke about Acute & Chronic Hepatitis. It was attended by more than 20 doctors and appreciated by all.



CME on PCOS & Management and Role of Progestogens in Early Pregnancy

IMAEDB organized a CME on PCOS & Management and Role of Progestogens in Early Pregnancy On 30th August 2019 at IMAEDB Bhawan. Dr. Dipti Nabh talked about PCOS & Management & Dr. Poonam Goyal spoke about Role of Progestogens in Early Pregnancy. It was attended by more than 50 doctors and appreciated by all.



A Historical Footing!

Founded : Lahore, 1921..... Reinstated : Delhi, 1954

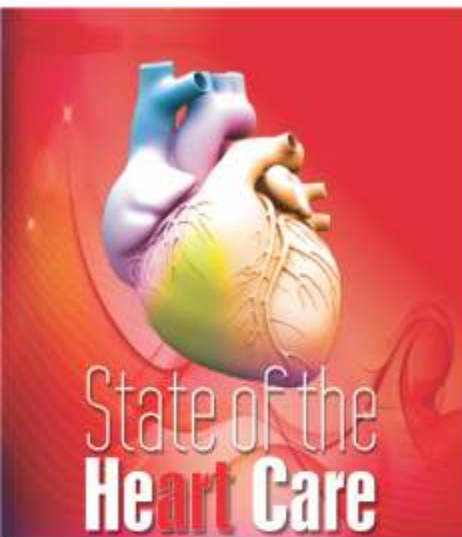


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Sir Ganga Ram Hospital

Generations of Healing & Trust...



Dharma Vira Heart Centre

Together we care....as no one has done before

The Dharma Vira Heart Centre (DVHC) at Sir Ganga Ram Hospital is a marvel of technically advanced heart care. The team of dedicated and value driven medical professionals provide ultimate in quality medical care with personalized attention. The Centre caters to a wide spectrum of cardiac cases from neonates to adults and from routine to the very complicated.

The well trained, specialized and competent nursing and support staff is complemented with the high tech infra structure including bedside and remote sensing, monitoring of vital parameters, online blood gas analysis and cardiac output strategies available on every bed. Critically ill patients have been retrieved and successfully operated upon to go on their own esteem, due to the extraordinary efforts put in by the staff.

At DVHC, we have attained results which place us second to none both at the national or international level. In the quest of earning great laurels, we do not compromise on the faith and trust our valued patients have bestowed upon us in the last over 30 years and we are committed and promise to live up to the expectations of the society.

Cardiac Surgery Services

The Cardiac Surgery team is headed by **Dr. Ganesh Raj Shivnani**
Holder of **LIMCA BOOK OF RECORDS 2012-16** for doing most
successful Coronary Artery Bypass Surgery



Surgical Spectrum

Routine

- Off Pump Bypass Surgery
- Open Heart Surgery
- Mitral Valve Repair

Specialized

- Aortic Surgery
- Ventricular Remodeling Surgery
- Surgery for Atrial Fibrillation
- Surgery for Hypertrophic Obstructive Cardiomyopathy
- Pulmonary Thromboendarterectomy
- Advanced Cardiac Surgery-ECMO, LVAD and Heart Transplant

The Proud Cardiac Surgery Team
Dr. Ganesh Shivnani, Chairperson
Dr. Sujay Shad, Senior Consultant
Dr. Sumir Dubey, Senior Consultant

Head of Cardiac Anaesthesia Team
Dr. Arun Maheshwari



Cardiac Surgery Team : Sitting : L to R: Dr Sujay Shad, Dr Ganesh Raj Shivnani, Dr Arun Maheshwari, Dr Sumir Dubey Standing L to R: Dr. Himanshu Goel, Mr. Rajpal Singh, Mr. Deevakar Sharma, Dr. Mayank Aggarwal, Dr. Syed Daud Ali, Mr. Prabinder Kumar, Mr. Surender Nath, Ms. Mini John, Ms. Sigi Shimmy

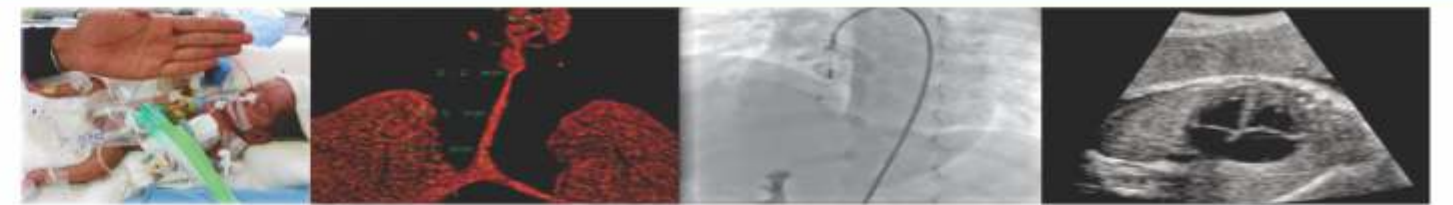


Pediatric Cardiac Surgery Team : Sitting: L to R: Dr. Mridul Agarwal, Dr. Reena Khantwal Joshi, Dr. Raja Joshi, Dr. Neeraj Aggarwal Standing: L to R : Dr. Ajay Kumar Pandey, Dr. Praneet Lale, Ms. Poonam Otwal, Mr. Harish Kumar, Dr. Aditya Lamba

24 Hr Helpline

Cardiac Surgery : 42252966 / 9899225375

Pediatric Cardiac Surgery : 42252084 / 9560404999



Pediatric Cardiac Services

Pediatric Cardiology Services

- Neonatal and Pediatric Echocardiogram
- Level III Fetal Echocardiography
- Neonatal and Pediatric Angiograms
- Device Closures and Valvuloplasty
- Neonatal Interventions and Stenting
- Pulmonary Hypertensive Clinic
- Preventive Cardiology Counseling

Pediatric Cardiac Surgery Services Neonatal Cardiac Surgeries

- Arterial Switch operations for TGA
- Repair of Obstructed TAPVCs, Truncus Arteriosus
- Neonatal BT shunt
- Neonatal PA banding
- Complex Neonatal repairs like Norwood repair, DKS, Yassui Repair
- Neonatal Arch Repairs- Interrupted and Hypoplastic Arch, Double Aortic Arch, Circumflex Aorta, Coarctation Repair
- Bedside PDA ligation

Pediatric Cardiac Surgery

- ASD, VSD closures, AV canal Repairs
- Coarctation Repair, TOF repairs
- Single Ventricle Management- BD Glenn Operation & Fontan Completion
- Valve Repairs & replacement
- Surgery for complex congenital Heart disease

Airway Repairs

- Extraluminal Vascular obstruction (e.g. Vascular ring & sling)
- Congenital Tracheal "INCOMPETENCE"
- Long segment tracheal stenosis
- Airway malacia
- Laryngotracheal clefts
- Tumors in the mediastinal part of Trachea
- Tracheal trauma (post tracheostomy or primary)

Department of Pediatric Cardiac Sciences Supported by :

- "State of the art" Pediatric Cardiac ICU with Kids friendly ambience and trained pediatric cardiac nursing staff
- Pediatric Specific Operating Rooms
- Pediatric Friendly Cath labs
- Pediatric and Fetal ECHO Lab
- Dedicated Pediatric Perfusionist and ECMO team
- Dedicated Pediatric Anaesthesia technicians
- Inhaled Nitric oxide for pulmonary hypertension
- Neonatal and Pediatric Transport
- Round the clock pediatric superspecialities backup including - Pediatric intensive care, Pediatric Nephrology, Pediatric Neurology, Pediatric Pulmonology, Pediatric Gastroenterology, Pediatric Surgery and Pediatric Neurosurgery.

Department Highlights

- Dedicated Pediatric Cardiac Anesthesiology team providing:
- Safe anesthesia for newborn & other children undergoing surgery for congenital heart disease
- Extubation of Infants "on-table" even after complex surgeries like Tetralogy of Fallots Repairs, reducing ICU stay and Ventilator related complication
- Complex Cardiac Caths under sedation only, leads to rapid recovery
- Complex Airway Repairs as part of Trachea team
- Bedside Premi PDA Ligation- smallest being 700 gm
- Arterial Switch Operation in IUGR babies- Smallest 1500 gm at time of surgery.
- alvuloplasties in small neonates smallest 1200 gms
- Antenatal Diagnosis - HIGH RISK OBGYN Delivery - NICU care - Postnatal Early Cardiac surgery under one roof. Defects requiring emergency surgeries, offered as early as at 4 hours of life (Obstructed TAPVC)
- PTFE valve placement in TOF repairs requiring transannular Patch. Which decreases long term PR related morbidities and mortalities
- Monthly outreach program (OPDs) for follow up of our post procedure patients and early diagnosis of native new patients, to towns of Uttar Pradesh, Haryana, Uttarakhand, Punjab and J&K

Message from the Chairman : Board of Management



Dr D S Rana
Chairman
Board of Management

The Dharma Vira Heart Centre is named after the doyen of yester year's civil services and chief architect of modern Sir Ganga Ram Hospital, late Shri Dharma Vira. I heartily congratulate Dr Ganesh Shivnani and his team for successfully completing 433 CABG surgeries in 2012 and 446 CABG surgeries in 2016 without any mortality and holding the prestigious 'Limca Book of Records'.

The Pediatric Cardiac Surgery services complement the very strong and multiple speciality pediatric services in the hospital. Dr. Raja Joshi is well known for his competency and expertise in this very special area at national and international level.

We are proud of these areas of excellence.



Sir Ganga Ram Hospital Marg, Rajinder Nagar, New Delhi - 110060, 24 Hour Helpline : 25750000, 42254000, Fax: +91-11-25861002, E-mail: gangaram@sgrh.com Visit us at www.sgrh.com



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AIIMS TOPPERS MAY 2019



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DNB TOPPERS MID YEAR 2018



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(NABH ACCREDITED HOSPITAL)

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Plot No 2, Derawal Nagar (opp. Model Town), Delhi-110009 (INDIA)

(In the service of society since 2004 with Dedication & Nobility for non-profit.)

The Management of Vinayak Hospital proudly announces the opening of regular Super Speciality Clinics in the following subjects:

- | | |
|------------------------|--------------------------------|
| ● Cardiology | ● Diabetology |
| ● Nephrology | ● Urology |
| ● Neurology | ● Gastroenterology |
| ● Pulmonology | ● Burn & Plastic Cosmetics |
| ● Uro& Aesthetic Gynae | ● Laparoscopic Gynaecology |
| ● Oncology Surgery | ● Vascular & Bariatric Surgery |

From 4th September, 2019

Reputed Consultants of Delhi in all Specialities will be available for Consultation.

Best wishes

Vinayak Hospital Management

Dr. Subhash Agarwal

Medical Director

Contact : P R O - 9311082074

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