HEART TODAY

"KNOW YOUR HEART FOR BETTER TOMORROW"

News Bulletin | ISSUE : 59 | July 2026

U. N. MEHTA INSTITUTE OF CARDIOLOGY & RESEARCH CENTRE AHMEDABAD

1st JULY

NATIONAL DOCTORS DAY

*"Behind every healthy heart, there is a **doctor** who cares."*

Medicity | NABH | NABH | NABH | NABH DIGITAL HEALTH ACCREDITED | GRIHA ★★★★

U. N. MEHTA INSTITUTE OF CARDIOLOGY & RESEARCH CENTRE

FOR INTERNAL CIRCULATION ONLY

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Care, Compassion, Commitment...

Celebrating

OUR HEROES

NATIONAL DOCTOR'S DAY!

A Special Tribute to the Extraordinary Medical Team of

U. N. Mehta Institute of Cardiology and Research Centre.

Behind every patient recovery, every successful surgery,
and every healthy smile is a team of brilliant minds
and compassionate hearts.
Today, we honour the dedication, precision,
and unwavering care of our specialized departments.

Thank you for your tireless service!

THE HEART TEAM: KEEPING HOPE ALIVE

Cardiology:

Keeping our community's hearts beating strong through expert preventative care and life-saving treatments.

Cardiac Surgery:

Performing miracles under pressure and giving our patients a courageous second chance at life.

Cardiac Anesthesia:

Providing vigilant, steady care to keep patients safe during their most critical moments.

Paediatrics:

Protecting our littlest patients with endless patience, bright smiles, and a gentle touch that heals.

DIAGNOSTICS & IMAGING: THE MEDICAL DETECTIVES

Radiology:

Uncovering hidden truths through advanced imaging to guide every successful treatment plan.

Pathology:

Solving complex medical mysteries beneath the microscope with quiet, life-saving brilliance.

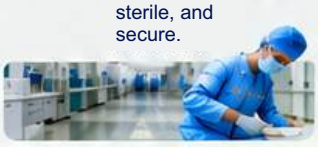
LAB, SAFETY & RECOVERY: OUR EVERYDAY HEROES

Microbiology:

Identifying invisible threats swiftly to ensure accurate treatments and targeted cures.

Infection Control:

Standing on the frontline to keep our hospital environment safe, sterile, and secure.



Physiotherapy:

Restoring hope, rebuilding strength, and helping patients reclaim their movement and independence

A Note of Gratitude

> "Medicines cure diseases, but doctors cure patients."

We extend our deepest gratitude to our doctors, researchers, and specialists. Your commitment to excellence defines our institution and saves countless lives daily.

Dr. Kartik Patel
Professor in CVTS
UNMICRC

THE HEART OF RECOVERY : WOUND CARE AFTER CARDIAC SURGERY

A successful heart surgery depends heavily on how your wounds heal at home.
Whether you are a patient, a family member, or a caregiver, knowing how to care for these incisions is your first line of defence against complications.

This guide simplifies world-class medical protocols from the World Health Organization (WHO), the American Heart Association (AHA), the European Society of Cardiology (ESC), and National Health Missions (NHM) into clear, everyday habits.

1 Daily Hygiene: Clean, Dry, and Gentle

Clean Hands First: Always wash your hands thoroughly with soap and water before touching or checking any incision.

Shower, Don't Soak: Take brief, warm showers Absolutely no soaking in bathtubs, swimming pools, or hot tubs for at least 4 to 6 weeks.

The "Water Cascade": Let mild, unscented soapy water run gently over your chest. Do not rub, scrub, or use a harsh washcloth on the wounds.

Pat, Don't Rub: Gently pat the incision completely dry using a fresh, clean towel reserved only for your wounds.

Why it matters?

Keeping your wounds clean is the single most effective way to prevent dangerous infections.

2 Topical Rules: Keep It Bare

Let It Breathe: Keep the incision open to the air. Do not apply loose gauze or tight bandages unless your doctor specifically told you to.

The Strict Product Ban: Do not use lotions, non medicinal powders, body oils, on the wound. They trap moisture and breed bacteria.

Leave the Strips Alone: If you have paper tape (Steri-Strips) or surgical glue, let them curl and fall off naturally. Do not peel them off.

Never Pick Scabs: Scabs are nature's Band-Aids. Picking them open invites bacteria into the deeper layers of your skin.

Remember:

It can be tempting to put creams on a scar to help it heal, but intermediate wound care requires keeping the skin clear and unburdened.

3 Sternal Safety: Protect the Breastbone

The Heart Hug: Keep a small, firm pillow nearby. Hug it tightly against your chest whenever you need to cough, sneeze, laugh, or stand up from a chair.

Lighten the Load: Do not lift, push, or pull anything heavier than about 2 to 4.5 kg / 5 to 10 pounds for the first 6 weeks.

Dress Smart: Wear loose-fitting, soft shirts that button down the front. Avoid tight clothing that rubs against the incision.

Healing Time

During surgery, the breastbone (sternum) is divided and then securely wired back together. It takes 6 to 12 weeks to fully knit back into solid bone.

4 Harvest Sites: Leg and Arm Care

Prop It Up: Whenever you are sitting down, prop your harvested leg up on pillows so it rests above the level of your heart to prevent swelling.

Keep Moving: Do not cross your legs at the knees or ankles, as this cuts off healthy circulation.

If you had a bypass surgery (CABG), surgeons often take a healthy blood vessel from your leg or arm. These incisions need love too!

WARNING SIGN :

Contact your surgical team Immediately if you experience any of these three warning signs :

- **Redness, warmth, of swelling around the incision**
- **Yellow or green discharge or bad smell from the wound**
- **Fever higher than 100.°4F (38℃)**

Always double-check the physical discharge papers given to you at the hospital, as your specific surgical team may have custom instructions for your unique recovery.

U. N. Mehta Institute of Cardiology & Research Centre
(Affiliated to P.D.U. Medical College, Rajkot)

વિશ્વાસ...
સેવા...
સ્નેહના...
સુરક્ષિત કાળજી...
A YEAR OF TRUST,
A LIFETIME OF CARE

Celebrating
1 YEAR
of
Excellence
and Care

OUR RAJKOT CENTRE TURNS ONE!

ONE TEAM
United by Purpose

ONE VISION
Focused on Excellence

ONE MISSION
Delivering Quality Care

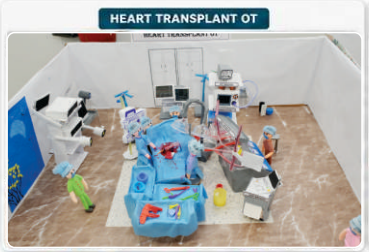
HEARTS UNITED IN CARE

UNMICRC Rajkot Centre has completed 1 year on this month, July 2026. Employees of the centre has celebrated 1st year anniversary commenced with an auspicious **Ganapati Aarti** and traditional **lamp-lighting ceremony**, followed by a **warm welcome** to all attendees. The event was filled with enthusiasm as team members actively participated in **musical performances** and **fun games,** creating a truly joyful atmosphere. The celebration continued with a festive **cake-cutting ceremony** and a **delightful lunch**, concluding with an energetic **Raas Garba** that left everyone with wonderful memories.

Thank You to our Amazing Team

ONE TEAM. ONE VISION. ONE MISSION – HEARTS UNITED IN CARE

★ Celebrating Creativity & Excellence ★
OPERATION THEATRE STUDENTS MODEL
A Remarkable Display of Skill, Innovation & Teamwork



Hands-On Excellence : U.N. Mehta Students Showcase Advanced OT Modules

- Education became experience for the Second-Year Operation Theatre Technician students at U. N. Mehta Institute of Cardiology & Research Centre, Ahmedabad, who recently presented an impressive academic project showcasing the institute's specialized surgical environments.
- Under the guidance of Mrs. Shital Alpeshkumar Khankar, students utilized detailed models and live demonstrations to explore the advanced technology, infrastructure, and workflows of Heart Transplant, Robotic, Adult, and Podiatric Cardiovascular Ots.
- The initiative bridged the gap between textbooks and real-world care, highlighting the vital role OT Technologists play in patient safety and multidisciplinary teamwork.
- Demonstrating deep professionalism, innovation, and confidence, the students expressed heartfelt gratitude to their faculty, mentors, and the OT team for their unwavering support.
- Through elite clinical exposure like this, U.N. Mehta Institute continues its commitment to shaping competent, compassionate healthcare leaders ready for the future of cardiac surgery.

Research Abstract

Correlation of Noninvasive Assessment of Left Ventricular End Diastolic Pressure Using Tissue Doppler and Left Atrial Speckle Tracking Echocardiography with Invasive Measurements in Heart Failure Patients

Echocardiography. 2026 Jun;43(6):e70535. doi: 10.1111/echo.70535.

Dr. Abhrajyoti Biswas, Dr. Sibasis Sahoo, Dr. Pratik Raval, Ms. Krutika Patel, Dr. Swati Dahiya, Dr. Sahil Agarwal, Dr. Sanat Kumar Thakur, Dr. Kumar Anand Shrutiraaj, Dr. Nilay Rao

Purpose:

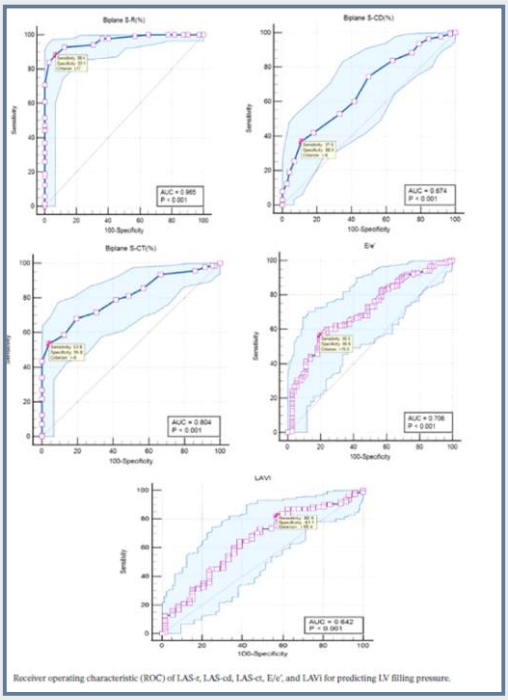
Assessing left ventricular end diastolic pressure (LVEDP) is critical in managing patients with heart failure. This study aims to explore the utility of left atrial speckle tracking echo (STE) and tissue Doppler derived indices (TDI) in predicting LVEDP in patients with heart failure in India.

Methods:

This prospective study included 210 hemodynamically stable patients admitted with heart failure who underwent left heart catheterization. Echocardiography (TDI and STE indices) and Invasive LVEDP were recorded.

Results:

Elevated LVEDP was associated with significantly higher ratio between early mitral inflow velocity and mitral annular early diastolic velocity (E/e') and lower LA strains in reservoir (LAS-r) values. In Bivariate analysis LAS-r showed inverse correlation with LVEDP (-0.74, 95% CI -0.78 to -0.68; p <0.0001). Multivariate regression identified Biplane LAS-r as an independent predictor of LVEDP (0.42; 95% CI 0.31-0.55; p < 0.0001).Receiver operating characteristic(ROC) analysis showed that LAS-r (cut-off ≤17)had superior diagnostic accuracy (AUC 0.97; sensitivity 88.4%, specificity 93.1%) compared to E/e' (0.71), LAS-ct, and LAVi (0.81, 0.64). E/e' though an independent predictor (1.09, 95% CI 1.02-1.14; p 0.008), had markedly lower sensitivity(57.2%) than that of LAS-r. Conventional markers like LA volume index (LAVi) and LVEF were not significant in the multivariate model. Diastolic dysfunction 2016 guidelines showed 64.29% accuracy in diagnosing patients with raised LVEDP.



Receiver operating characteristic (ROC) of LAS-r, LAS-cd, LAS-ct, E/e', and LAVi for predicting LV filling pressure.

Conclusions:

In patients with heart failure, parameters like mean E/e' ratio, LAVi, E wave DT are useful indices to estimate LVEDP; however, peak LAS-r (cut-off ≤17) provides a better prediction of LVEDP and could be considered a promising noninvasive index to assess LVEDP in patients of heart failure.

Case Report

MINIMALLY INVASIVE APPROACH TO LV MASS-A CASE REPORT.

International journal of scientific research. Volume - 15 | Issue - 06 | June - 2026 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr

Dr. Pradeep Pal, Dr. Aayushi Donariya, Dr. Sumit Modi.

A 30-year-old female presented with progressive breathlessness on exertion for 2 months. She denied palpitations, chest pain, syncope, or thromboembolic events.

Physical Examination & Diagnostic Findings

- Auscultation: Grade 3 pansystolic murmur radiating to the left axilla.
- Transthoracic Echocardiography (TTE): Large hyperechoic mass (29 × 16 mm) attached to the posteromedial papillary muscle and mid-anterior wall; moderate mitral regurgitation (MR); left atrium measuring 48 × 40 mm; ejection fraction of 55%.
- Cardiac MRI: Mobile intracavitary lesion (20.5 × 17 mm) on the basal anterior left ventricular (LV) wall with a short stalk; no late gadolinium enhancement.
- Intraoperative Transesophageal Echocardiography (TEE): Confirmed the LV mass and upgraded the MR severity to severe.

Approach & Cannulation

Anesthesia was induced via a double-lumen endotracheal tube for single-lung ventilation. The heart was accessed through a minimally invasive, 5cm right anterolateral thoracotomy in the 4th intercostal space. Cardiopulmonary bypass (CPB) was established via right femoral artery and vein cannulation under mild hypothermia.

Tumor Excision & Valve Repair

Following aortic clamping and cardioplegia arrest, a left atriotomy was performed. Retraction of the anterior mitral valve leaflet revealed a 3cm polypoid, gelatinous mass on the posteromedial papillary muscle. The mass was excised en bloc using sharp dissection, and the LV was irrigated. Saline testing confirmed severe MR, which was repaired using 5-0 Prolene sutures for a posteromedial commissuroplasty and A2-A3 cleft repair. Post-repair saline testing and post-bypass TEE verified complete tumor removal and a reduction in MR to mild.

Operative Metrics & Postoperative Course

- Aortic Cross-Clamp Time: 67 minutes.
- CPB Time: 107 minutes.
- Disposition: Stabilized and transferred to the recovery room on milrinone (0.5 µg/kg/min) and adrenaline (0.1 µg/kg/min) support.

CONCLUSION:

Cardiac myxomas are the 2nd most common primary tumour of the heart. Most commonly encountered in the left atrium, left ventricular myxomas are uncommon. Patients may be completely asymptomatic or present with a thromboembolic episode, failure or sudden death. Echocardiography can easily identify the lesion and aid in early diagnosis. Surgical excision should be offered early to the patient, and the pathological examination is essential for confirmation of the diagnosis. They can be operated by a minimally invasive surgical approach, which aids faster recovery and early discharge from the hospital

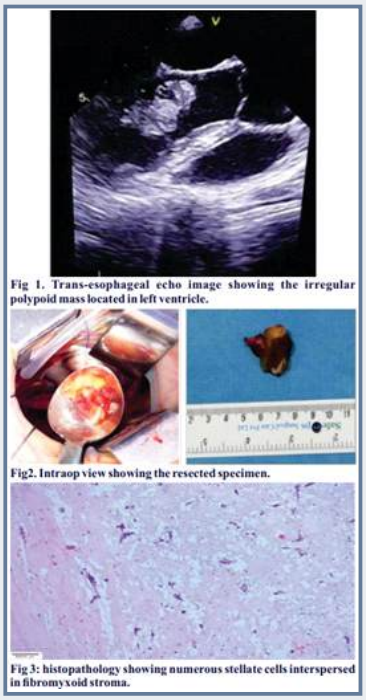


Fig 1. Trans-esophageal echo image showing the irregular polypoid mass located in left ventricle.

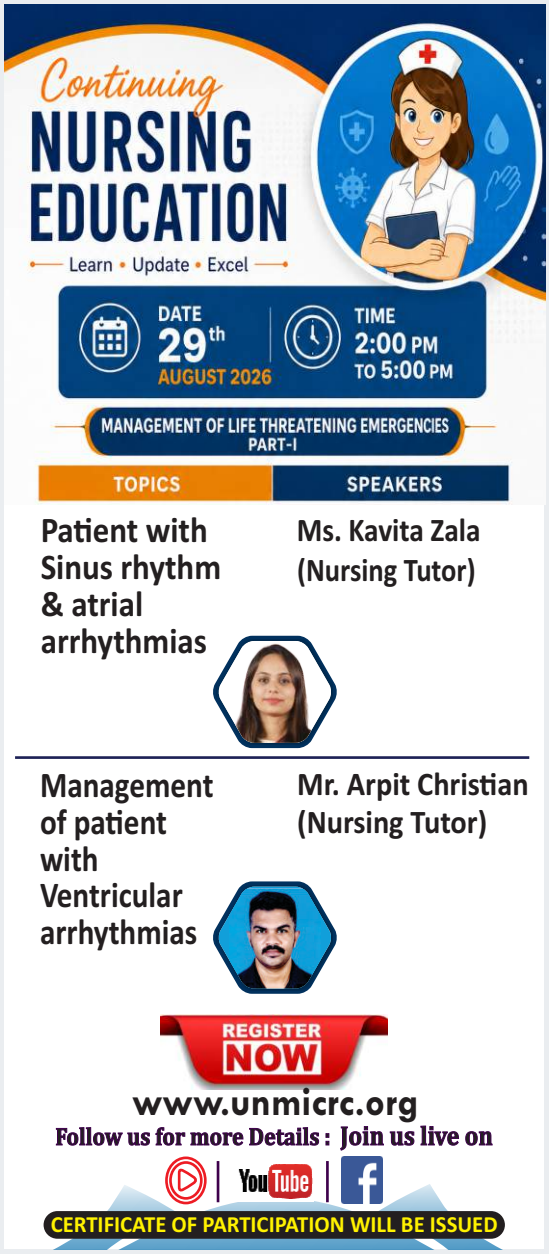
Fig2. Intraop view showing the resected specimen.

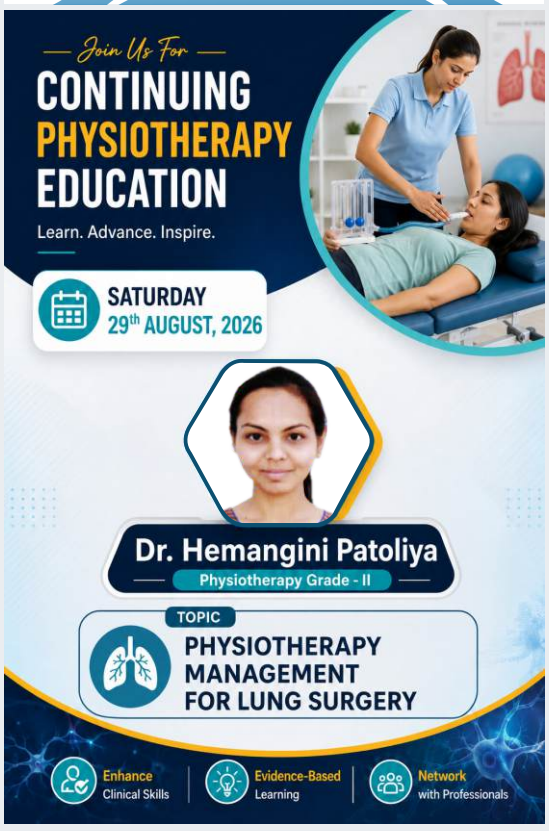
Fig 3: histopathology showing numerous stellate cells interspersed in fibromyxoid stroma.

UPCOMING EVENTS

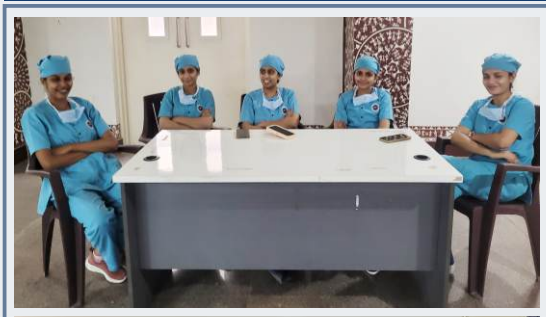
Continuing Cardiac Education

	Date	Topics	Speakers
Cardiology	01-08-2026	Coronary & Peripheral Balloon	Dr. Gourav Behra, Assistant Professor
	08-08-2026	Approach to Coronary Bifurcation PCI	Dr. Ashish Garg, Assistant Professor
	15-08-2026	Contrast ECHO	Dr. Maulik Kalyani, Assistant Professor
	22-08-2026	Statin intolerance	Dr. Rajvi Thakkar, Assistant Professor
Cardiovascular Thoracic Surgery	01-08-2026	Extracorporeal Membrane Oxygenation (ECMO) in Cardiac Surgery	Dr. Anand Ratra, Assistant Professor
	08-08-2026	Transposition of Great Arteries - Arterial Switch Operation	Dr. Ruchit Patel, Associate Professor
	15-08-2026	Mediastinal Tumors - Classification & Surgical Approach	Dr. Aayushi Donaria, Assistant Professor
	22-08-2026	Hypoplastic Left Heart Syndrome	Dr. Jignesh Gohel, Assistant Professor
	29-08-2026	Deep Hypothermic Circulatory Arrest - Principles & Applications	Dr. Jenil Bhat, Assistant Professor
Cardiac Anesthesia	01-08-2026	Electric Storm ICU Management	Dr. Flovin Peter, Assistant Professor
	08-08-2026	Mechanical Circulatory Support in ICU	Dr. Siddhartha Singh, Assistant Professor
	15-08-2026	Massive Pulmonary Emolism	Dr. Bhawana Sharma, Assistant Professor
	22-08-2026	Basic Haemodynamic Monitoring in Cardiac Anesthesia	Dr. Arya Dev, Assistant Professor
	29-08-2026	Approach to Respiratory Failure in Adult Post Cardiac Surgery Pateint	Dr. Manu P K, Assistant Professor





Anandit Hridayam Activities - Antakshari : 18 July, 2026



આનંદિત હૃદયમ્ EVENTS

Our institute has started recreational activities for revitalization & rejuvenation of employees and to develop team spirit. As a part of this there are various activities which will be held on the third Saturday of every month. On the third Saturday of July 2026, an Antakshari was held for the rejuvenation of employees, 20 participants took part in the competition. In this Antakshari competition, four teams were made, out of which one team was declared winner. Winners list are as mention here.

Employee Achievement


CERTIFICATE
OF APPRECIATION
SGPGI
THIS IS TO CERTIFY THAT
DR MEGHA SHETH
has graciously served as a FACULTY MODERATOR & WORKSTATION FACILITATOR for the
CARDIOTHORACIC IMAGING MASTERCLASS
conducted as a part of SGPGI RADIOLOGY COURSE held on 17th - 19th JULY 2026, organized by the Department of Radiodiagnosis, SGPGIMS, Lucknow, India.
09 Credit Hours UPMC
*This course has been accredited with 09 CME Credit Hours by the Uttar Pradesh Medical Council vide letter no. UPMC/CME-74 dated 09/07/2026
DR ARCHNA GUPTA (Course Founder & President)
DR ANURADHA SINGH (Secretary)

Dr. Megha Sheth, a Cardiac Imaging Radiologist with 15 years of experience at UNMICRC, served as an expert Faculty Moderator and Workstation Facilitator at the prestigious Sanjay Gandhi Postgraduate Institute of Medical Sciences (SGPGIMS) during the Cardiothoracic Imaging Masterclass from 17th to 19th July 2026. Organized by the Department of Radiodiagnosis, the high-profile training event secured 9 CME Credit Hours from the Uttar Pradesh Medical Council. UNMICRC management formally congratulated Dr. Megha Sheth, noting that her national-level academic recognition highlights the institution's ongoing commitment to clinical leadership and educational excellence.


CAHO
CERTIFICATE
OF PARTICIPATION
Mrs Madhumati Makwana
attended the one-day workshop on the Nursing Quality Improvement Program held on 25-Apr-26
THE PROGRAM COVERED:
• Terminologies and definitions
• Risk management in nursing
• Quality Indicators and Validation of data
• Nursing Audits
• Nursing quality improvement projects
• Quality tools
CAHO 4 CREDIT HOURS
Dr Lallu Joseph, President CAHO
Dr Parag R Rindani, Secretary General, CAHO
Dr Suneel C Mundkur, Academic Chair, CAHO
Mr. Abdul Dhayan Razack, Program Director, CAHO
CERTIFICATE NUMBER: NQI-15-020 ISSUE DATE: 27-May-26

Ms. Madhumati Makwana, Sister In-Charge of the Paediatric Ward (201) at UNMICRC, attended a one-day online workshop on the Nursing Quality Improvement Program organized by Consortium of Accredited Healthcare Organizations (CAHO) on April 25, 2026. The workshop provided comprehensive training on nursing terminologies and definitions, risk management, quality indicators, data validation, quality improvement projects, and various quality tools. For her participation, she received a Certificate of Participation (No. NQI – 15-020) from CAHO.

Ms. Karen Christian
Nursing Staff, 206

Ms. Neha Patel
Nursing Staff, MICU 1

Ms. Dhruti Patel
Nursing Staff, PCTRR

Ms. Sofira Gamit
Nursing Staff, 205

Ms. Yamini Parmar
Nursing Staff, 505

Ms. Pal Poonam
Nursing Staff, Special Room

Ms. Pinki Chauhan
Nursing Staff, PICU

Ms. Nisha Patni
Nursing Staff, 201

Ms. Blessy Christian
Nursing Staff, 202

Ms. Zinal Bhavsar
Nursing Staff, 605

Ms. Rutvika Christian
Nursing Staff, 206

Ms. Kajal Rathod
Nursing Staff, 306

Ms. Priyanshi Parikh
Nursing Staff, 305

Ms. Charulata
Nursing Staff, 803

Ms. Sneha Parmar
Nursing Staff, 802

Ms. Achal Prajapati
Nursing Staff, 504

Gandhinagar Satellite Center "STAR OF THE MONTH" June-2026

STAR OF THE MONTH
U. N. MEHTA INSTITUTE OF CARDIOLOGY & RESEARCH CENTRE AHMEDABAD


Dr. Bhavisha Mali
Medical
Clinical Coordinator


Jincy George
Trained Cardiac Staff
Nurse Grade III


Pragatiben Mer
Haemodialysis
Technician


Hina Parmar
Medical Record
Executive


Bhartiben Solanki
Ladies
Security Guard

June-2026 U. N. Mehta Institute of Cardiology & Research Centre

Till Date 30-07-2026

1251 Beds

15 Cardiac Operation Theatre

6 Cardiac Cath Lab

513 Cardiac ICU Bed

35295 OPD Patient

4289 IPD Patient

114 Complex Cardiac Procedures

41 Complicated Complex Cardiac Surgery

2385 Cardiac Procedures

768 Cardiac Surgery

2549 EMCS Admission

59/7 PAMI/ Rescue PCI

144 Pediatric Procedure

160 Pediatric Cardiac Surgeries

232 EP procedure & Pacemaker Devices

5 EVAR/TEVAR

76 Heart Transplantation

227 Robotic Cardiac Surgery

51 TAVI

UNM Gandhinagar Satellite Centre

96 Beds

1 + 1 Neuro & Cardiac Operation Theatre

62 Cardiac Neuro ICU Bed

1 Cardiac Cath Lab

4705 OPD Patient

527 IPD Patient

234 Cardiac Procedures

75 Cardiac Surgery

UNM Rajkot Satellite Centre

1661 OPD Patient

78 IPD Patient

959 ECHO

100 Cardiac Procedures

1625 ECG

31 TMT

ROBOTIC HEART SURGERY

Advanced Technology. Better Outcomes.

Robotic surgery is used for a number of different procedures related to the heart, such as:

- Valve Surgery
- Coronary Artery Bypass
- Cardiac Tissue Ablation
- Tumor Removal Operation
- Heart Congenital Surgery

ADVANTAGES OF ROBOTIC HEART SURGERY OVER NORMAL OPEN HEART SURGERY

- Sophisticated advance technology with better precision and control
- Small hole means lower infection rate
- High success rate
- Quicker Recovery
- Shorter hospital stay

The decision to perform robotic heart surgery will be made at the discretion of the cardiac surgeon, as well as the profile and condition of the patient.

Minimally Invasive | Less Pain | Faster Recovery | Better Quality of Life

Precision in Every Move. Compassion in Every Care.

U. N. Mehta Institute of Cardiology & Research Centre

(Affiliated to B. J. Medical College, Ahmedabad)

Civil Hospital (Medicity Campus), Asarwa, Ahmedabad-380016, Gujarat.

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UNM Gandhinagar Satellite Centre (Cardiac & Neuro Care)

(Affiliated to GMERS Medical College, Gandhinagar)

GMERS Medical College, Civil Hospital Campus, Nr. Pathikasharam, Sector-12, Gandhinagar-382 012

Phone : +91 (079) 65134200 • Email : info@gan.unmicrc.org

UNM Rajkot Satellite Centre

(Affiliated to P.D.U Medical College, Rajkot)

P.D.U. Hospital & College, Civil Hospital Campus, Rajkot-360001, Gujarat.

Phone : +91 63573 78701• Email : info@raj.unmicrc.org