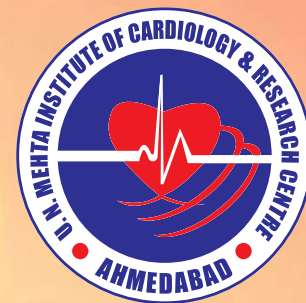


International Women's Day

8th March



IWD2026
GivetoGain

We can Accelerate
Action for gender
equality

HEART TODAY

“KNOW YOURHEART FOR
BETTER TOMORROW”

News Bulletin | ISSUE : 55 | March 2026



U. N. MEHTA INSTITUTE OF CARDIOLOGY & RESEARCH CENTRE

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Preventive Cardiac Camp was organised for Special Government Security commandos staff on Gandhinagar (Cardiac & Neuro) Centre 20th March 2026



We're proud to share that the doctors and team of UN Mehta Institute of Cardiology & Research Centre, Gandhinagar (Cardiac & Neuro) were appreciated at a recent event by the DYSP Gandhinagar, senior officials, and Special Government Security commandos. A great recognition of their dedication and service.

What is Obesity?

Obesity is a chronic health condition characterized by an excessive amount of body fat, posing risks to health and potentially leading to various diseases like type 2 diabetes and heart disease.

- Overweight is a condition of excessive fat deposits.
- Obesity is a chronic complex disease defined by excessive fat deposits that can impair health. Obesity can lead to increased risk of type 2 diabetes and heart disease, it can affect bone health and reproduction, it increases the risk of certain cancers. Obesity influences the quality of living, such as sleeping or moving.
- The diagnosis of overweight and obesity is made by measuring people's weight and height and by calculating the,
- Body mass index** = weight (in kilograms) height (in meters²) in kilograms' height in meters² =
- E.g.**- Weight 80 kg Height: 5 ft.: 1.5 m': 2.25 m
- Body Mass Index** = $802.25 = 35.5 \text{ g/w}^2$

Correct Waist Measurement :

- Less than 80 cm in women. • 90 cm or less in males.

Key facts

- Obesity increases the risk of heart disease by 20%.
- In 2022, 1 in 8 people in the world were living with obesity.
- Worldwide adult obesity has more than doubled since 1990, and adolescent obesity has quadrupled.
- In 2022, 2.5 billion adults (18 years and older) were overweight. Of these, 890 million were living with obesity.
- In 2022, 43% of adults aged 18 years and over were overweight and 16% were living with obesity.
- In 2022, 37 million children under the age of 5 were overweight.
- Over 390 million children and adolescents aged 5–19 years were overweight in 2022, including 160 million who were living with obesity.

Obesity and diabetes :

- Obesity does not directly cause diabetes. It is a risk factor for type 2 diabetes, but not everyone with obesity will develop type 2 diabetes, and not everyone with type 2 diabetes has obesity.



- Obesity is also a risk factor for gestational diabetes, which occurs during pregnancy, but it is not a risk factor for type 1 diabetes.
- Fat accumulated on the internal organs of the body is responsible for diabetes.

Obesity and heart disease :

- Obesity, excess weight is one of the causes of heart disease.
- As body weight increases, the body's metabolism changes and the need for chemicals increases.
- Being overweight makes the heart work harder even at rest.

Why does fat increase heart disease?

- Your body needs healthy fats for energy and other functions. But too much saturated fat can cause cholesterol to build up in your arteries (blood vessels). Saturated fats raise your LDL (bad) cholesterol. High LDL cholesterol increases your risk for heart disease and stroke.

Common Myths and facts

Myths : To reduce obesity, just eat less and move more

Facts : In many cases, consuming more calories than the body needs for a prolonged amount of time is the direct cause of obesity. Indeed, the vast majority of measures for reducing obesity aim to lower caloric intake, increase physical activity, or both.

Although diet and exercise are important factors, several unrelated factors can also play a significant part in obesity.

Myths : Only overweight or obese people get diabetes

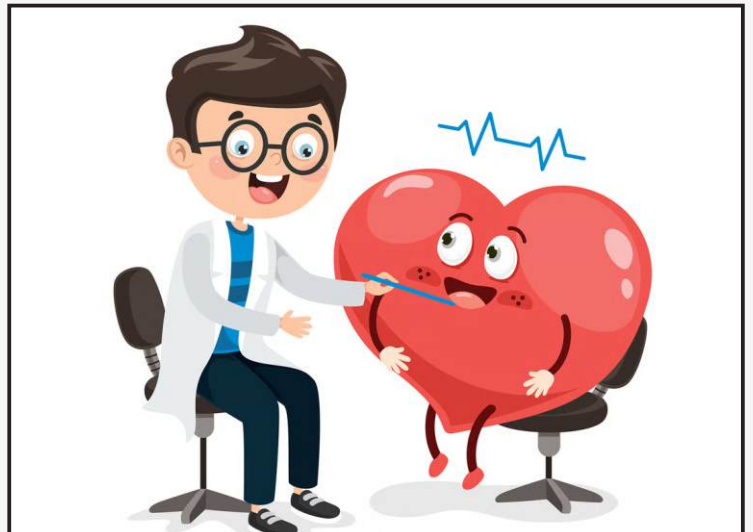
Facts : While obesity increases the risk of type 2 diabetes, it's not the only factor. Thin individuals can also develop type 2 diabetes due to genetics, poor diet, and lack of physical activity.

Victory by Will (Strong Willpower)

If you want to lose weight permanently, you have to make permanent changes in your diet and exercise habits. Nothing is impossible if you have firm determination. What is needed... is your passion, hard work and patience.

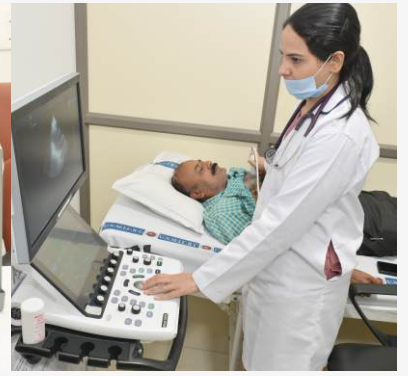
- Obesity increases blood pressure, diabetes, cholesterol so losing weight is beneficial.

References: www.who.int



EVENTS & ACTIVITIES

Preventive Cardiac Camp for Police Staff at UNMICRC : 05 & 06 March 2026



Vidhansabha Preventive Cardiac Camp was organised for members of legislative assembly and for staff members on 17th March 2026



Research Abstract

Reversible pulmonary artery banding for end stage dilated cardiomyopathy in children: an alternative strategy**Indian Journal of Thoracic and Cardiovascular Surgery (March 2026) 42(3):359–364****Dr. Maruti Haranal****Introduction:**

Left ventricular dilated cardiomyopathy (LV-DCM) is a leading cause of mortality in children, underscoring the critical need for heightened awareness and enhanced treatment options within the pediatric population. We must address this issue urgently and commit to improving outcomes for affected children. At the time of diagnosis, around 80% of the children are in end-stage heart failure. Idiopathic and viral myocarditis are the significant causes of LV-DCM in pediatrics. The chances of spontaneous recovery are inversely proportional to the left ventricular end-diastolic dimensions (LV-EDD). An LV-EDD “Z” value above +5 is associated with a drastic decrease in the incidence of spontaneous recovery. There are no uniform guidelines on anti-congestive therapy for pediatric dilated cardiomyopathy (DCM), and studies demonstrating the long-term efficacy of different therapies are lacking. The symptom-oriented and non-curative nature of heart failure therapy has led to research into alternative strategies. Although heart transplantation is a potential definitive option, its feasibility is limited by a shortage of donor organs and questionable long-term survival. The utility of ventricular assist devices (VADs), either as the bridge to transplant or destination therapy, is restricted by the major complications inherent to the device itself. A better understanding of ventricular interactions (VVI) has given way to evaluating the role of pulmonary artery banding (PAB) as an alternative strategy in certain pediatric cardiac conditions. The pressing need prompted the researcher to look into the potential therapeutic utility of PAB in children with end-stage LVDCM. Schranz et al. from Germany initially attempted to evaluate the feasibility of reversible pulmonary artery banding (rPAB) in achieving functional recovery in patients with end-stage LV-DCM. A surgically performed PAB supports the functional recovery of the left ventricle (LV) in patients with LV-DCM. The 5-year transplant-free survival rate is 60%. The reported 1-year and 5-year rates of death or transplantation are 31% and 46%, respectively.

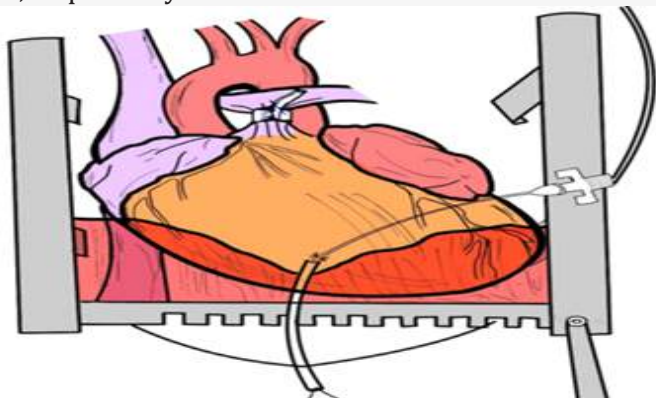


Fig. 1 Intraoperative illustration of reversible pulmonary artery banding (rPAB). Right ventricular pressure monitoring catheter held in place with a purse-string suture and rPAB in situ

Case Report

Perioperative Nursing Management in a Heart Transplant Recipient with Post-operative Stroke: A Case Report**Ms. Shital Khankar, Ms. Parlin Deepak, Ms. Raksha Patel, Ms. Jalpa Chauhan**

A 44-year-old unmarried female presented at U N Mehta Institute of Cardiology and Research centre with a long-standing history of cardiac.

Preoperative Nursing Management

The patient was admitted in May 2025 for evaluation and preparation for heart transplantation. Preoperative nursing care involved comprehensive physical and psychological assessment to ensure readiness for surgery.

Preoperative patient education was a key component of nursing care. The patient and her family were informed about the surgical procedure, potential complications, postoperative care, and the importance of long-term follow-up and immunosuppressive therapy.

Psychological support was also provided to reduce anxiety and emotional stress associated with the transplant procedure. Nurses maintained continuous communication with the patient and her family to ensure understanding and cooperation throughout the process.

Intraoperative Nursing Management

During the intraoperative phase, perioperative nurses played a crucial role in ensuring patient safety. Nursing responsibilities included confirming patient identity and surgical procedure, preparing and maintaining the sterile operating environment, and assisting the surgical and anesthesia teams. Continuous monitoring of vital parameters was performed in coordination with the anesthesia team. Nurses ensured proper instrument preparation and handling, maintained sterile fields, and documented intraoperative events accurately. Effective communication among the surgical, anesthesia, and perfusion teams was essential for the smooth conduct of the procedure.

Following the successful surgery, the patient was transferred to the Intensive Cardiac Care Unit (ICCU) for postoperative monitoring.

Postoperative Nursing Care

In the postoperative period, the patient required intensive monitoring and specialized nursing care. Continuous monitoring of vital signs, including heart rate, blood pressure, oxygen saturation, and central venous pressure, was performed.

Nurses closely observed for signs of graft dysfunction, infection, or hemodynamic instability. Pain management was provided according to prescribed protocols to ensure patient comfort and promote recovery.

Strict infection control measures were implemented, including aseptic wound care, monitoring of surgical sites, and adherence to hygiene protocols. Fluid balance and nutritional status were also carefully managed through monitoring of intake and output.

Nurses encouraged early mobilization and respiratory physiotherapy to prevent postoperative complications. Continuous communication with the patient's family was maintained to keep them informed and provide emotional support.

Postoperative Complication

Five days after the transplant surgery, the patient developed sudden neurological symptoms suggestive of a cerebrovascular event.

During sedation weaning, the patient exhibited delayed awakening and altered level of consciousness, which was promptly identified by the nursing staff. Regular neurological assessments were performed using the Glasgow Coma Scale (GCS), pupillary response, and motor activity. These findings were immediately communicated to the medical team. Nursing interventions included frequent neurological monitoring, maintenance of cerebral perfusion, metabolic correction, sedation minimization, and delirium prevention.

Further evaluation confirmed the diagnosis of acute brain stroke, and the neurology team recommended urgent surgical intervention. On 13 June 2025, the patient underwent an emergency craniotomy, which was successfully performed.

During this period, nursing care focused on neurological monitoring, airway management, prevention of secondary complications, and continuous support for the patient and her family.

Outcome and Follow-Up





In patients with postoperative complications such as stroke, rehabilitation becomes even more essential. A combined approach involving cardiac and neurological rehabilitation facilitates recovery of motor function, improves mobility, and reduces long-term disability. Nurses play a key role in encouraging early mobilization, coordinating physiotherapy, monitoring patient tolerance to activity, and providing continuous motivation and education.





After continued monitoring and rehabilitation, the patient was discharged in stable condition. During follow-up visits, she underwent routine transplant monitoring, including regular biopsies and clinical assessments.





The patient expressed satisfaction with the care provided by the healthcare team, particularly acknowledging the role of perioperative nursing care in her recovery. Eventually, she resumed her professional activities as an advocate and returned to her normal life.

UPCOMING EVENTS

Continuing Cardiac Education

Date	Topics	Speakers
04-04-2026	Artificial Intelligence (AI) in Cardiology	 Dr. Kamal Sharma Associate Professor
11-04-2026	Drug Management of Hypertension & Heart Failure in pregnancy & Lactation	 Dr. Pooja Vyas Professor
18-04-2026	Pillars of Heart Failure	 Dr. Vishal Sharma Professor
25-04-2026	Cardiovascular Implantable Electronic Device (CIED) Infections	 Dr. Abhishek Karmveer Assistant Professor

04-04-2026	Tetralogy of Fallot - Part 1	 Dr. Amit Mishra Professor in Pediatric CVTS
11-04-2026	Tetralogy of Fallot - Part 2	 Dr. Amit Mishra Professor in Pediatric CVTS
18-04-2026	Double Outlet Right Ventricle- Part 1	 Dr. Maruti Haranal Associate Professor in Pediatric CVTS
25-04-2026	Double Outlet Right Ventricle- Part 2	 Dr. Maruti Haranal Associate Professor in Pediatric CVTS

04-04-2026	POCUS in ICU: Lung & Abdominal Ultrasound	 Dr. Dhruvini Patel Assistant Professor
11-04-2026	Pediatric TEE SERIES : Outflow Tract Anomalies	 Dr. Shreya Singh Assistant Professor
18-04-2026	Pediatric TEE SERIES : Congenital Artery Anomalies	 Dr. Sravan Kumar Assistant Professor
25-04-2026	Anesthesia Changes in Syndromic Congenital Heart Disease	 Dr. Jigisha Pujara Professor

Continuing Nutrition Education



Ms. Bhavana Kalani
Assistant Dietician

Topic :
Clinical Nutrition:
The Foundation of Disease Recovery

 Sunday
26th April, 2026

 02.00 PM to 03.00 PM



Continuing Nursing Education



Date:
25th
April
2026

Building Effective Nursing Team

Time : 2 pm to 5 pm

Topics	Speakers
Communication & Collaboration in Nursing team	 Ms. Shital Khankar (Trained Cardiac Assistant Matron)
Leadership & Team development	 Ms. Parlin Deepak (In-charge Matron)

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CERTIFICATE OF PARTICIPATION WILL BE ISSUED

Continuing Physiotherapy Education



 Saturday
25th April, 2026



Dr. Rahul Patel
Cardiac Physiotherapist Grade-II

Topic
ICD & Physiotherapy Management

अनंदित हृदयम् EVENTS



April-2026

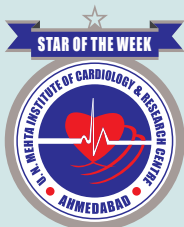
DUMB CHARADES

CARDIAC ELECTROPHYSIOLOGY WORKSHOP 18th-19th March, 2026



A workshop was organized at the U. N. Mehta Institute of Cardiology & Research Centre, Ahmedabad which offered a focused, learning experience in cardiac electrophysiology, highlighting the principles and advances applications of 3D Electroanatomical Mapping, through expert demonstrations and structured case discussions.

"STAR OF THE WEEK" March-2026



Dr. Patel Dhartibahen
Superspeciality M.Ch
(CVTS) Resident



Dr. Jigisha Dulera
Physiotherapist Grade-II



Ms. Heena Jani
Sr. Trained Cardiac Staff
Nurse Grade-I



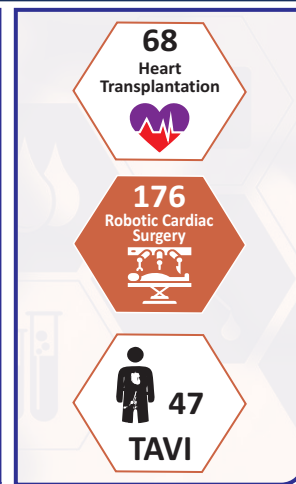
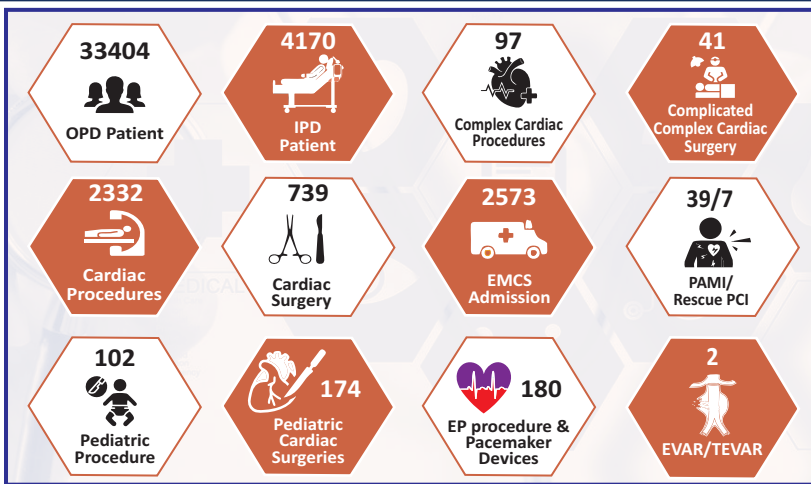
Ms. Kinalben Panchal
Trained Cardiac Staff
Nurse Grade-III



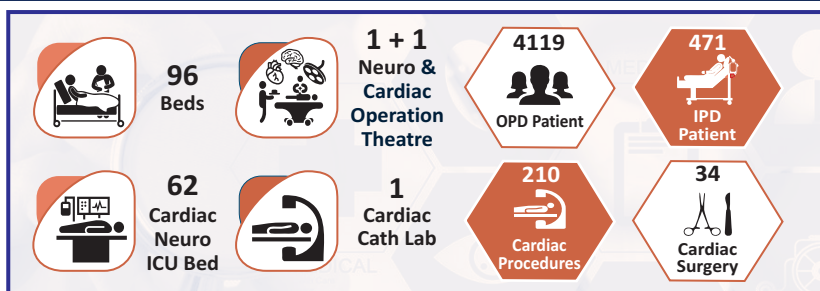
Ms. Payal Parmar
Office Executive



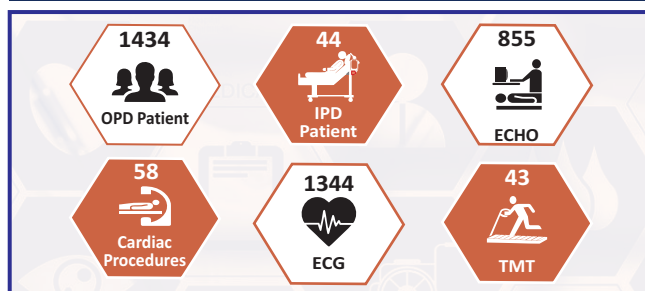
Mr. Harishkumar Parmar
Utility Assistant



UNM Gandhinagar Satellite Centre



UNM Rajkot Satellite Centre

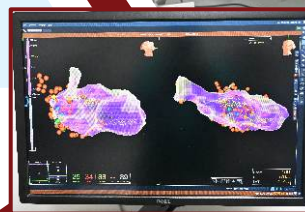
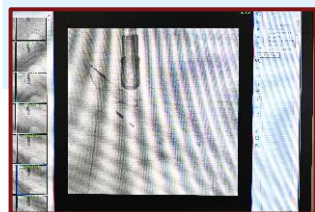


Do you or someone that you know have abnormal heart beats ? or faint frequently ?

Arrhythmias or abnormal heart rhythm are known to cause this.

At UNMICRC, we offer the following Services :

- EP Study (Electrophysiology Study) and RFA (Radio frequency Ablation)
- of Simple and Complex Arrhythmias
- Implantation of Pacing, CRT and defibrillator devices
- Treatment of infected pacemakers and leads (by extraction)
- Using LASER and Mechanical tools
- Syncope (Fainting) evaluation - Holter, Ambulatory BP and Tilt-Table testing diagnostics



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Shri Rajeev Topno, IAS

Additional Chief Secretary, Health & Family Welfare Dept., Govt. of Gujarat and Chairman G. B., UNMICRC

Dr. Chirag Doshi (M.S., Mch CVTS)

Director & Member Secretary, Governing Board, UNMICRC

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