

Aadicura Cares

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MONTHLY NEWSLETTER

HOW A KIDNEY TRANSPLANT IS DONE... The Patient's Perspective

Recently a young man suffering from kidney failure received a kidney transplant from his father at Aadicura Hospital. I would like to share what it takes to get a kidney transplant done, not talking medically, but from the socio-economic aspect.

The patient himself is the only son of a farmer family, residing in a village near Bodeli. He presented to us around a year ago with kidney failure, the first time detected as an advanced kidney problem only. It was a non-curable stage of kidney disease with both the kidneys now shrunken to a small size from a long disease that the boy was unaware of. Such is the common presentation of kidney disease in India- the first time coming to a kidney specialist with advanced disease only.

He was started on dialysis at Aadicura, and his health improved. But now the issue was the long-term aspect. How to manage dialysis twice a week for their entire life, and the quality of life like this for a young man with future marital and job-related prospects being significantly curtailed with a dialysis status. His family was aware of the usefulness and the need for a kidney transplant, but usual concerns of outcomes and finances were delaying a decision from their side. We discussed kidney transplant as an option, with the father being a prospective donor as he had a matching blood group and was in good health. The family of the patient followed our advice religiously and went through a step-wise evaluation of the fitness of the donor over a month. As his budget was a little tight, we avoided doing all the tests in a short time. As the overall picture became clearer, we explained all possible risks, as well as limitations, of a kidney transplant. As the whole family

had their full trust in team Aadicura, the family finally agreed to go ahead with the plan. Our transplant coordinator Yogesh Parmar, worked hard to clear the legal requirements for a live donor transplant.

At last, between the patient (recipient) and donor, a cross-match was done, which proved that the patient does not fall at high risk for transplant rejection. Later, a committee of 6 persons of high social standing evaluated the fairness and transparency of this kidney transplant, which was considered. With the committee clearance, we got permission from state authorities for the transplant. After this medico-legal clarity, the patient was posted for transplant surgery.

On the day of surgery, the patient was given medicines to prevent rejection (immunosuppressives). The first surgery was started on the donor with the help of laparoscopy and the donor's left kidney was removed. As this surgery progressed, two other surgeons prepared the recipient for transplant. Once the kidney is removed from the donor, it requires meticulous care as well as speed to make the kidney ready for transplant. The kidney was surgically placed in the recipient's abdomen on the right side. (kidney failure patient's kidney is not removed generally). Immediately after surgery, Urine started coming which is a positive sign of a successful surgery.

But, the care of kidney patients only becomes more challenging from this point onwards. Improving kidney function is associated with health improvement but requires extreme care of hygiene. The patient was kept isolated from his family, and full aseptic precautions were taken in his nursing



care. Avoidance of infection is necessary in post-kidney transplant care. The medicines were altered as per the need for immune suppression. Within the next four days after the transplant, the donor (father) was discharged, and the patient had a functioning kidney with a normal creatinine range. His family was regularly taught the care that he needed after transplant and the regularity of medicines.

Our patient was discharged on the 9th day with good kidney function and perfect health. He is staying in Vadodara for 2 months till the need for frequent nephrology consults is reduced. Then, he will be allowed to return to his normal life.

Such patients are relieved from dialysis and improve health-wise. A man or a woman can get married and have children after 6 months of kidney transplant. They require religious and life-long follow-ups with nephrologists and regular medicines to prevent kidney rejection. But other than that, they can live a life of full hope and health.

**THE TEAM THAT
MADE IT POSSIBLE:**

Dr. Dhaval Khetia
Nephrologist

Dr. Hiten Patel
Vascular & Endovascular Surgeon

Dr. Saurabh Jambu
Urologist



KEEP DOING YOUR GOOD KARMA

Dr Saurabh Jambu - Urologist (Genitourinary surgery)

Dr Saurabh Jambu did his schooling in Vadodara and MBBS from the Government Medical College in Surat. He then pursued an MS in General Surgery from the same medical college and earned two gold medals in surgery.

Post his MS, Dr Jambu worked as an assistant professor at Baroda Medical College for nearly two years. But he was curious to learn more, so he applied for DNB Genitourinary surgery at KIMS hospital in Trivandrum, Kerala. DNB stands for Diplomate of National Board, a postgraduate medical degree in India. It is awarded by the National Board of Examinations in Medical Sciences (NBEMS). After adding yet another feather to his cap, he started working at Kamat Hospital as a consultant urologist for almost 7 years. Dr Jambu did more than 5000 surgeries before joining the team at Aadicura Hospital. He is also attached to GMERS-Gotri as an honorary Urologist offering his services to the privileged class of our society.



Why did you choose to become a doctor?

There are multiple reasons behind that decision. To my mind, the question is: Why not? When I opted for medicine, there was no other doctor in my family. I always wanted to help my dear and near ones in their time of need, and that desire guided me to pursue this career. Now I realise what a boon it is to be a doctor.

Why did you choose your area of speciality?

After completing my MS in General Surgery, I worked as an Assistant Professor in a Government Hospital. I realised there that urology was the most neglected branch. Patients often neglect to address urological problems. At that time I had decided if given a chance I would choose urology as my area of expertise.

How do you keep up with the changes in medicine and healthcare trends?

Urology is a very rapidly advancing branch with various sub-specialisations. I keep reading national and international journals and watching videos and lectures of

colleagues to keep myself updated about recent advances. I attend regular urology meets and national conferences and am also an executive member of the Vadodara Urology Association.

What is the best medical success story of your career so far?

There are many stories which I consider a big success, but the one which touched my heart was the case of a patient who was kept on a ventilator for trauma and kidney rupture. No one was willing to put a hand on the case. This was during the early years of my practice... When I was called, I quickly operated on him, and after a rather turbulent recovery period, he was discharged. After a month, this middle-aged man visited me in my OPD with flowers and touched my feet! He thanked me for giving the gift of life to him and, effectively, his son. I will not forget that moment till the end of my life.

If you were to describe yourself in three words, what would they be and why?

Dedicated, disciplined and empathetic. I have dedicated my life to the study of urology. I try to be disciplined in my day-to-day life and Empathy helps me understand the suffering of my patients. I believe a good doctor may or may not be a good human but a good human always makes for a good

doctor.

Being a doctor can be very stressful. How do you practice a healthy balance between work and your personal life?

Yes, it can because a doctor has to give preference to his professional life over their family many times. My children keep my stress at bay. I also enjoy going out, reading novels, watching cricket and movies.

In your opinion what makes Aadicura Hospital unique and different?

Aadicura is a one-of-its-kind hospital started by doctors for the benefit of patients. Here, the patient comes first. I have seen my colleagues and seniors going out of their way to treat their patients. Also, we have all super specialities under one roof. Advance surgeries are being performed here which, I think, is unique in Vadodara.

Being a doctor what is that one thing you will never support?

Though any kind of addiction is bad, smoking is a big no.

Name a book that has influenced you the most.

IKIGAI- the Japanese secret to a long and happy life.

Share your mantra for success.

Keep doing your good karma, and good will come to you. All that will go around, come around just like the sun.

BILATERAL FD PLACEMENT IN A CASE OF MIRROR BLISTER OPHTHALMIC ICA ANEURYSMS

A 50 year-old-male, known case of hypertension on medications, presented with sudden onset severe headache along with double vision, while looking to his right, for the past 2 days. The headache was throbbing in nature and associated with neck stiffness. On examination, he was conscious, and oriented, without any limb motor deficit but with right-sided 6th nerve paresis. CT brain was suggestive of a left-sided Sylvian and basal SAH. His CT angiography brain was negative. Having high suspicion of aneurysmal SAH, he underwent a Digital Subtraction Angiogram (DSA) with 3D rotational angiography which to our surprise showed a bilateral ophthalmic ICA blister aneurysm. As the left-sided aneurysm had bled, this

was initially treated with a Flow Diverter (FD) stent placement. The procedure was uneventful and so the opposite (right) side was also treated after 11 days (14th ictal day), but in the same admission. He was discharged in a vitally stable condition without any added neuro deficit. His hospital stay was uneventful. He is on routine follow-up on an Outpatient basis. The principle of flow diverter is diverting flow away from the aneurysm and gradually aneurysm gets thrombosed over a period. A flow diverter is nothing but a stent with stent struts near each other in comparison to the routine cardiac stent.



TAKE HOME MESSAGE

With the advent of hardware (catheter and wires) and equipment/facilities (Cathlab), difficult and often impossible cases can be accomplished, minimally invasively and with relative ease. Blister aneurysms are frequently missed (so-called 'angiogram negative SAH') and so remain unaddressed; with 3D rotational angiography, they are picked easily. They are also difficult to treat surgically, requiring either

vessel reconstruction (challenging in such locations and associated with a higher rate of complications) or just settling with muscle-wrapping of the aneurysm (sub-optimal treatment according to us in today's era); with FD availability they are treated successfully and satisfactorily without any incision on the head. Aadicura Superspeciality Hospital is equipped with a qualified team and relevant

infrastructure to take on such challenging cases. The most important lesson learnt from this case is all spontaneous sub-arachnoid haemorrhage needs to be investigated in the form of DSA and 3D rotational angiography even if the best quality CT angiography doesn't show any abnormality.

DEPARTMENT OF NEUROSURGERY



Dr Sandip Mavani
Neurosurgeon



Dr Ashish Desai
Neurosurgeon



Dr Vithal Rangrajan
Neurosurgeon

STAR PERFORMERS



VANDANA AHIR
Best Employee of The Month



PAWAN JANGID
Best Employee of The Month



MIHIR SHRIMALI
Best Employee of The Month



PARESH SOLANKI
Best Employee of The Month



JIGAR PATEL
Best Nursing Staff of The Month



KOMAL MACWAN
Best Nursing Staff of The Month



PRAVIN PARMAR
Best Multitasking Staff of The Month



KINTU PARMAR
Best Multitasking Staff of The Month



SUSHMA DESAI
Best HOD of The Month



DR. MUKTI KANSARA
Best Doctor of The Month

EVENT GALLERY

General Medical Camp organised at Society, Darshnam Central, Sayajigunj



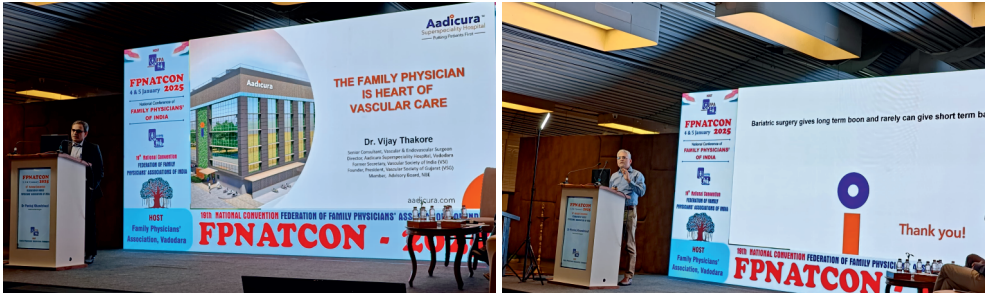
Aadicura as Medical Partner at Shakti Sports Club



CME with Dabhoi Union



National Conference of Family Physicians Association at Taj Vivanta



Aadicura in association with Our vadodara 'Neck shield Distribution'



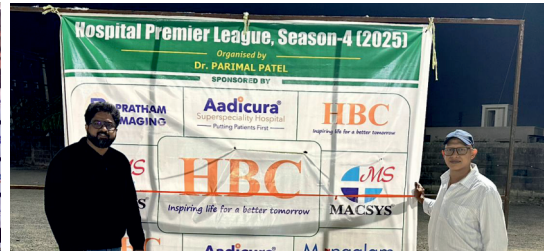
BMD medical camp at Hero moto corp corporate.



Medical partner sponsor at Fotie Fiesta Football Tournament.



Hospital Premier league, Aadicura as Sponsor in Cricket.



Aadicura Premier League 2025: Celebrating sportsmanship, teamwork, and the joy of staying active.



Aadicura[®]
Superspecialty Hospital
— Putting Patients First —

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Our ASC Clinics :
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We are available on WhatsApp. Scan this code to connect or send 'Hi' on Whatsapp

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