

## From the President's Desk



Dear SMF Members,

Congratulations to all!

It gives me an immense pleasure on this moment on the first republishing of esteemed “**SMF Bulletin**” of **Sabarmati Medical Foundation**.

The purpose of bulletin was to update the **SMF members** about SMF’s activities, programs, current updates in our medical field along with marvellous achievements of SMF members and advertisements for professional growth.

After being elected as **President of SMF**, the publishing the **SMF Bulletin** was my utmost priority which has come true. The promise is fulfilled.

On the very first issue, we have received a grand response from members and it is big success itself. The overwhelmed unexpected responses have been received from the hospitals, doctors and other stakeholders that shows their faith in us for their business upliftment. I am thankful to entire editorial team for compiling the bulletin to make its contents in well-organised way. My special thanks to trustees, administrative team, advisory board, and SMF committee members for constant unstoppable support and being a backbone to this foundation.

I further appeal to take this bulletin to next level by your positive valuable inputs.

Thank you all!

Looking forward to your continuous support for success of SMF bulletin for upcoming issues.

**Dr. Alap Shah**  
**President, SMF**

## Secretary's Note



**Dr. Kirti Shah**  
(M.D., D.V.D.)

**Respected Trustees, Advisory Board Members,  
Seniors and SMF members,**  
Namaste !

Dear Team,

I am pleased to announce the successful launch (Vimochan) of the SMF Bulletin!

I would like to extend my heartfelt gratitude to each one of you for your contributions, support, and hard work.

Your dedication has made this bulletin a reality.

As we move forward,  
I am excited to share our upcoming events:

● Cricket Tournament



● Ladies Cooking Competition



● Salad Decorating Competition



● Children's Debate Competition



● Scientific Programs



These events promise to be engaging, entertaining, and enlightening. I look forward to seeing your participation and enthusiasm.

Thank you again for your tireless efforts.

Let's continue to work together and make a difference!

Warm regards,  
**Dr. Kirti Shah**  
Secretary, SMF 2025

## From the Editorial Team

Respected Doctors and Dear Friends,

We hope you are all in good health and taking care of yourselves during these extremely hot summer days. The IPL cricket fever has also caught on in our association—some exciting photos have been included in this bulletin.

This edition features eight new advertisements, and we extend our sincere thanks to the advertisers for their support in strengthening our bulletin and association.

We have also included a medicolegal case, a unique case presentation, and congratulatory notes for our members' achievements.

We warmly welcome suggestions and ideas from SMF members to further improve the quality and impact of our bulletin.

With warm regards,

The Editorial Team

### Editorial Team.....



**Dr. Pritesh Shah**



**Dr. Dharendra Sanandiya**



**Dr. Vimal Mehta**



**Dr. Hiren Modi**



**Dr. Jitendra Gangwani**

## Rights and Duties of patients

By-

**Dr Dinesh Patel, MBBS, MS (Ortho), LLb, LLM (Env)**



As much as hospitals are places of hope, of second chances and recovery, they can also be the cause of severe anxiety and financial burden for many.

When a loved one is seriously ill or injured, we tend to completely trust a hospital and its doctors, without any shadow of a doubt. As we have watched in a movie, 'Rustam', it is of paramount importance that this trust on the system be protected.

Now, I am not saying that someone can take advantage of this situation, but it is crucial for everyone to know about their rights at every place. Keeping this scenario in mind, the Ministry of Health and Family Welfare (MoHFW) has recently released a 'Charter of Patients Rights'.

**Here is the list:**

### Rights of patients

1. Right to Information about his/her illness, its diagnosis (provisional or confirmed, as it may be), proposed investigation and possible complications to the patient, likely expense, etc
2. Right to records and reports
3. Right to emergency medical care- Under Article 21 of the Constitution, which ensures that every person has the right to life and personal liberty
4. Right to informed consent
5. Right to confidentiality, human dignity and privacy
6. Right to non-discrimination
7. Right to safety and quality care according to standards
8. Right to choose alternative treatment options if available
9. Right to a second opinion
10. Right to transparency in rates, and care
11. Right to choose the source for obtaining medicines or tests
12. Right to proper referral and transfer, which is free from perverse commercial influences
13. Right to protection for patients involved in clinical trials
14. Right to protection of participants involved in biomedical and health research
15. Right to be discharged, Right to receive the body of a deceased person from the hospital
16. Right to be heard and seek redressal

## Duties of Patients

Patient has the responsibility to actively participate in decisions regarding their health care to the degree that you choose and to reasonably follow your provider's health care instructions.

Patient has the responsibility to inform their health care provider of information related to past illness, treatment and medications.

Patient has the responsibility to respect the rights and property of health care professionals, employees and other patients.

Patient has the responsibility to make and promptly keep all scheduled appointments. To assure that all patients are served in a timely manner, patients are responsible for calling and changing appointments 24 hours in advance.

Patient has the responsibility to pay for services at the time service is provided and to provide the patient registration office with accurate, complete, and current information pertaining to insurance coverage, home address, telephone number and other relevant details.

Patient has the responsibility to discuss their health care problems, concerns and personal needs with their provider in an honest manner and to inform the health care provider of any changes occurring in their health.

Patient has the responsibility to cooperate with various providers involved in their care and to conduct themselves in a polite and respectful manner. Patient has the responsibility to inform provider if they cannot or will not follow certain treatment plan.

Patient has the responsibility to respect the rights of their health care provider and to exchange information in a non-abusive manner either physically or verbally while receiving care.

Responsibility to understand how to continue your care after you leave the hospital, including when and where to get further treatment and what you need to do at home to help with your treatment.

Responsibility to accept the consequences of your own decisions and actions, if you choose to refuse treatment or not to comply with the care, treatment, and service plan given by your health care provider.

Overcoming nightmare of postpartum haemorrhage with surgical and radiointervention to control severe haemorrhage shock with massive blood transfusion (130 product) without complication : case report

Dr.Jigar Mehta- Critical Care Consultant VIMS-Hospital



## Introduction

In obstetric critical care, major obstetric haemorrhage is the most dreadful complication. Major Obstetric Haemorrhage (MOH) refers to any kind of excessive bleeding in a parturient and is the most frequent cause of maternal mortality and morbidity worldwide. According to World Health Organisation (WHO) it contribute to around 27% of all maternal deaths. MOH is defined as a blood loss of more than one litre or a fall in haemoglobin of more than 4 g% after acute blood loss in a parturient or need for transfusion of four or more units of blood .It can cause hypovolemic shock, blood transfusion and its attendant complication, surgical injury, renal and hepatic failure, ARDS, DIC and many more complications. Surgical interventions, interventional radiological techniques and medical management with uterotonic drugs play a significant role in the control of obstetric haemorrhage. But rapid and efficient resuscitation should be the mainstay in such scenarios. Successful resuscitation hinges on timely and appropriate replacement of blood loss.

## Case presentation

A 27 year old Hindu woman with a history of previous one missed abortion at two months with no comorbidity presented to vims Hospital. Her gestational age what is 32.6 weeks. on presentation she had having complain of decreased fetal movement since two days abdominal pain and yellowish discolouration of sclera since last three days. Patient was primary consulted to other hospital and investigation showed Hb - 14.2. WBC- 11600. PC - 75000, total bilirubin - 10.80. direct bilirubin - 6.98. indirect bilirubin - 3.82. ALP - 398.62. SGPT - 78.2. SGOT - 81.5. total protein - 6.17, albumin - 3.99, globulin - 2.18. PT - 21.0. INR - 1.69. HHH - non reactive. On arrival to emergency department HR 83/min BP 130/90 Spo2/98% on room air Obstetrician assess the patient and in Per abdominal examination uterus size 28-30 week, relaxed. Per vaginal examination cervix 2 cm dilated, 20 % effaced, vertex presentation No feral heart sound present.

## On admission investigation

Hb -13.6 WBC- 14400. PC - 71000, urea -64 creat -3.18 total bilirubin - 16.73. direct bilirubin - 14.14. indirect bilirubin - 2.59. ALP -275 . PT - 24 INR - 1.73. Ammonia 76.3 Induction of labour was done . Gastroenterologist Nephrologist opinion was taken and advice followed. Management of **acute liver injury** was started. blood bank was informed in view probable requirements of emegent multiple blood transfusion.

### On SECOND DAY

Around 1 PM normal vaginal delivery was done in operation theatre. episiotomy repairing was done. post delivery, Per vagina bleeding was started, that lead to drop in haemoglobin of 5.6 at 6 PM and hypotension developed lead to noradrenaline infusion and blood products transfusion. Every hourly checking for bleeding was done..

Urine output dropped and SLED was done. Re-exploration of vaginal and uterine packing and suturing was done for stopping active bleeding. Pitocine infusion, injection trenexamic acid and misoprostol was continued. CBC and PTINR were done every six hourly. Bleeding from Ryles tube, oozing from HD catheter line were noted. Pantoprazole infusion was started. Throughout night bleeding was checked and transfusion was done accordingly. Total 3PCV, 4 FFP, 4 cryoprecipitate and 4 PRCs were transfused.

### ON THIRD DAY

In view of continued bleeding from per vaginal, leads to further hypotension necessitated ADRENALINE INFUSION. Oxygen support was started. CRRT started.

Patient relative was counselled for need for operative exploration and SOS obstretic hysterectomy.

Hb dropped to 2.8 gm/dl at 2 pm. Blood was pushed intravenously. Patient was shifted to OT with high risk consent, **OBS hysterectomy** was performed. Intra OP blood products 2 PCV 4 FFP 4 PRC were transfused.

Patient in kept in control mode of mechanical ventilation in icu, **CRRT** continued. In ICU, frank blood was continued from abdominal drain. total 3050 ml frank haemorrhagic drain out put in 12 hours. so total 8 PCV, 14 FFP, 8 PRC, 1 SDP were transfused.

### ON FOURTH DAY

Still continued haemorrhagic drain out 1600 ml in next 12 hours, lead to maximum inotropic support.

In morning Hb came to 2.6 gm/dl. Blood products transfusion continued. haematologist opinion was taken for MASSIVE BLOOD LOSS AND DIC .

Relative were explained for radiological intervention. CT angio abdomen and pelvis was done suggested which showed active leak of IV contrast from left uterine artery on arterial phase. Evidence of active contrast leak one of the branches of right inferior epigastric artery in peritoneal space between parietal peritoneum and posterior wall of rectus sheath at midline in hypogastric region just below umbilicus level.

There is evidence of oozing of venous contrast from ovarian veins bilaterally on venous phase. Gross hemoperitoneum is seen.

Patient shifted to CATH LAB immediately and embolisation of bilateral inferior epigastric artery, left uterine and anterior branch of internal iliac artery by INTERVENTIONAL RADIOLOGIST.

Post procedure, Adrenaline infusion stopped and nor adrenaline infusion tapered. Drain out put decreased to 40ml per hour. CRRT continued. Total 7 PCV, 8 FFP, 7 PRC, 10 cryoprecipitate and 1 SDP were transfused throughout day.

### ON FIFTH DAY

Drain out put was 1200 ml per 24 hour. Noradrenaline infusion was tapered to minimal. CRRT continued and 4.5 litre negative balance achieved over 24 hour. Parental nutrition started. total 3 PCV

4 FFP 6 PRC 10 Cryoprecipitate 1 SDP was transfused.

### ON SIXTH DAY

Noradrenalin stopped. Vital stable.

CRRT continued 1.5 litre negative balanced achieved. drain output was 75ml per 24 hours. 7 FFP 5 Cryoprecipitate 1 SDP

**So total of 120 blood products including 21 units PCV were transfused (15 unit within 48 hours) with the help of CRRT on going without any complication.**

### ON SEVENTH DAY

Vitals stable. UOP improved to 1200ml / day. Drain out was minimal. HD was not done. HB and platelet were holding. fibrinogen level increased. Antifungal added and antibiotic stepped up.

### ON EIGHTH DAY

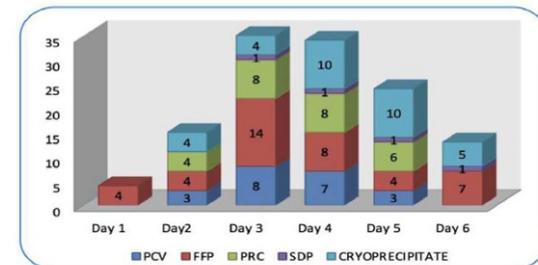
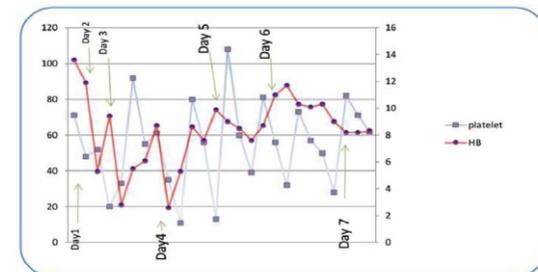
Extubation was done kept on nasal prongs with 2 litre O2 support.

Drain out put was 50ml/day. UOP 3300ML/day. RT feeding was started. 1 PCV and 4 cryoprecipitate were given.

On next 4 day patient observed in ICU shifted to ward on 12th day.

In ward various complication like feeding intolerance, electrolyte imbalance and wound gapping managed. total 134 blood products were transfused.

Patient was discharged on 21st day





**Dr. Kirti Shah**  
(M.D., D.V.D.)

**Protect Your Skin Every Day:  
The Truth About Sunscreen**

As summer intensifies and outdoor activities increase, the need to protect our skin from harmful UV rays becomes more crucial than ever. But sunscreen isn't just for beach days—it's a year-round necessity. Here's everything you need to know to make sunscreen a daily habit that could save your skin.

**Why Sunscreen Matters**

Sunscreen is your skin's frontline defense against ultraviolet (UV) radiation, an invisible yet potent force that causes premature aging, sunburn, and significantly raises the risk of skin cancers, including melanoma. Exposure to both UVA and UVB rays can be damaging. UVA rays penetrate deep into the skin and are primarily responsible for aging and wrinkles. UVB rays affect the skin's surface, causing sunburn and playing a key role in skin cancer development. A broad-spectrum sunscreen protects against both.

**How Much Sunscreen Should You Apply?**

One of the most common mistakes is underapplying sunscreen. Adults need about one ounce (a full shot glass) to cover the entire body. For the face alone, a nickel-sized amount is recommended. Apply 30 minutes before sun exposure. Reapply every 2 hours, and immediately after swimming or sweating. Don't forget often-missed areas: ears, neck, back of hands, and feet.

**Decoding the Label: SPF, PA+++, Broad Spectrum**

**SPF (Sun Protection Factor):** Indicates protection against UVB rays. An SPF 30 or higher is ideal for everyday use. **PA Rating:** Found mostly on Asian sunscreens, it reflects UVA protection. PA+++ or PA++++ offers high to very high protection. **Broad Spectrum:** Always choose a sunscreen labeled "broad spectrum" for both UVA and UVB defense. Don't wait for sunny days to use sunscreen. UVA rays can penetrate clouds and even glass, which means your skin is at risk even indoors near windows or on overcast days. Make daily sunscreen application a ritual, just like brushing your teeth. As a dermatologist, I urge everyone—from children to seniors—to take sun protection seriously. It's a small habit with long-lasting benefits. Protect your skin today for a healthier tomorrow.



**NATIONAL  
SUNSCREEN  
AWARENESS INITIATIVE  
2025**

**DON'Ts**



**Don't skip reapplication even on cloudy days or when indoors near windows.**



**Don't depend on makeup or moisturizers for sun protection**



**Don't assume all sunglasses block UV.** Check the label



**Don't use tanning beds or artificial UV sources**



**Don't assume occasional protection is enough.** Protect your skin every day

**DO's**



**Do apply SPF 30+ sunscreen** 30 minutes before sun exposure



**Do reapply sunscreen every 2 hours,** especially after swimming or sweating



**Do wear a wide-brimmed hat** for head, face, & neck protection.



**Do use sunglasses to protect eyes & skin.**



**Do wear protective clothing to cover your arms & legs**



**Do use a lip balm with SPF** to protect delicate lip skin from UV damage

# Congratulations



**Dr. Nalin G. Patel**  
on receiving the  
**"National Best Medical Teacher Award"**  
from the Indian Medical Association,  
New Delhi, at the IMA National Conference  
held in Hyderabad on 26th December 2024.



**Shiv** (son of **Dr. Nalin Patel**)  
received five gold medals for securing the first rank in the  
final MBBS examination of Gujarat University  
and for scoring the highest marks in Medicine and Surgery.  
He was awarded these honors during the convocation held  
on 24th January 2025 by the Honorable former  
Vice President of India, Shri Venkaiah Naidu.  
He also received two cash prizes from Gujarat University.



**Dr. Shreya M. Rajpal,**  
daughter of **Dr. Manishkumar Rajpal,**  
completed her MBBS  
from PDU Government Medical College, Rajkot,  
in the academic year 2024–25.



**Prapti ,**  
D/o. **Dr. Nidhi Jain & Dr. Rohit Jain,**  
Heartiest congratulations on  
successfully passing  
your 12th standard (B Group) with 92%.



# Launch of New SMF Bulletin



# शतावधान प्रयोग

25 MAY 2025

स्थल रागोर हेल, पालडी, अमदावाड

॥ श्रुति सुवर्तवामीने नमः ॥  
॥ श्री लुडि-डीति-डैवास-सुभे-मनोहर-कव्यास-प-प-वध-प्रसन्नकीर्तिसागरसुदि गुरुन्मो नमः ॥  
॥ दिव्यकृपा ॥

प.पू.आ.ल. श्रीमद्  
लुडिसागर सुदीश्वरगु म.सा.  
प.पू.आ.ल. श्रीमद्  
सुभेसागर सुदीश्वरगु म.सा.  
तथागवर्मापिपति आ. श्री  
मनोहरकीर्तिसागर सुदीश्वरगु म.सा.  
प्रसन्नकीर्तिसागर सुदि म.सा.  
प.पू.आ.ल. श्री  
प्रसन्नकीर्तिसागर सुदि म.सा.

**राजनगर  
पालडी मध्ये**

**शतावधान प्रयोग**  
प्रसन्न भावे लव्य आमंत्रण

॥ शतावधान कर्ता ॥  
प.पू. अस्मादिपति आचार्य भगवंत गुरुमला श्रीमद्. सुभेसागरसुदी म.सा. ना. अदेवारी विष्य प.पू.  
आचार्य भगवंत श्री प्रसन्नकीर्तिसागर सुदीश्वरगु म.सा. ना. प्रविशरल

**प.पू. मुनिश्री दिव्यप्रसन्नकीर्तिसागर म.सा.**

**पुनिवधान**



## Environment day celebration by SMF & SMC @ AMA



## CME on 23-05-2025

SGVP Holistic Hospital in Associate with Sabarmati Medical Foundation

### SPEAKERS



#### Dr. Krishnakishore Goyal

(MD, DM) interventional cardiology

10000+ Successful Heart Procedure

Topic  
Are all NOAC's Same?

#### Topic

Unicondylar knee Replacement & dual mobility hip Replacement

#### Dr. Jatin Vadodariya

M.S (Ortho)

Joint Replacement Fellowship (S. Korea)

Consultant Orthopaedic & Joint Replacement Surgeon





**SABARMATI DOCTOR'S CRICKET CLUB  
&  
SABARMATI MEDICAL FOUNDATION**



ORGANISED

**GRAND FINAL OF**

# SDCC NIGHT CRICKET TOURNAMENT

