





From the desk of CEO



VISION 2025 Redefining Excellence in Healthcare at KEM Hospital

At KEM Pune we have always sought to blend compassion with cutting-edge medical care and as we embark on a new year, our commitment to this mission is stronger than ever. As we embark on our journey towards Vision 2025, our goal is clear: to establish KEM Pune as a centre of excellence that sets benchmarks in quality and ethical patient care, innovation, and research.

Guided by compassion and ethics, we are dedicated to placing patients at the heart of everything we do. Our goal is not just to provide treatment but to offer a holistic healing experience that positively impacts outcomes. As a major tertiary care hospital, we are proud to offer specialised services that address complex medical needs, as we continue to strive towards new and innovative standards. Our multidisciplinary team works collaboratively, ensuring that our clients benefit from the collective knowledge and skills of experts in their respective fields.

While we are committed to embracing advancements that enhance diagnostics, treatment precision and patient outcomes, we remain steadfast in our commitment to inclusivity, ensuring that quality care is accessible to all, irrespective of background or circumstance. Healthcare should have no boundaries, and we take this responsibility seriously.



As the new year begins while there is lots to look forward to, it is also a time when we need to be increasingly conscious of events playing out both in the country and on the global stage. It is a well established fact that health and wellbeing are inextricably linked with economic, social, political and environmental factors. Instead of moving towards a more aware and compassionate future we appear to be looking at more intolerance and deeply disturbing times. As healers and a healthcare organisation we have an individual and collective responsibility to ensure that this in no way seeps into our way of being and working.

We need to embrace the positives of Artificial Intelligence without allowing it to completely take over. We ought not to lose sight of the reality that as healthcare professionals we still deal with people and human touch and connection is paramount in treatment and care. We must go the extra mile in ensuring that we work with tolerance and compassion and embrace diversity in our professional and interpersonal interactions.

As we embark on new beginnings I am delighted to welcome on board Dr. Rakesh Shah our new Chief Operating Officer. Dr. Shah brings with him a wealth of experience in the healthcare management space and we look forward to him being a key member of our continued transformation.

I am grateful to our dedicated team of healthcare professionals- doctors, nurses, technical, paramedical and housekeeping and security staff - whose unwavering commitment drives us forward every day. I also thank our patients, whose trust and support inspire us to continuously improve. I look forward to working together to ensure KEM is a beacon of hope and healing for all.

Shirin Wadia
CEO
KEM Hospital, Pune



ORGANISATIONAL ANNOUNCEMENT

In our continued endeavour to grow and develop the KEM Hospital by providing quality care to all, we are very pleased to announce that Dr. Rakesh Shah will be joining us as Chief Operating Officer, COO, from January 2025.

Dr. Shah has worked as Cluster Head, Shalby Hospitals, Ahmedabad (SG and Naroda). Prior to working at Shalby, Dr. Shah has worked Head of Clinical Administration at Wockhardt Hospitals, Nagpur, General Manager Business Strategy and Initiatives at VishwaRaj Hospital, Pune. He was with Jehangir Hospital, Pune for 7 years progressing rapidly in his career there before ending his time with them as Senior Manager, Medical Strategy and Development.

Rakesh Shah brings with him a wealth of hospital administration and management experience and is familiar with the hospital and healthcare landscapes not only in Pune, but across the country.

His areas of experience include, but are not limited to, patient care services, quality management, business development, supply chain management, Consultant engagement and strategic planning and operational excellence.

In his role as COO at KEM, he will be in charge of all operations, medical and general administration and will interact closely with Consultants. He will be the single point of reporting for all at the hospital.

We look forward to having him with us and are sure that you will all welcome him on board and extend him your full cooperation.





From the desk of COO

FORGING AHEAD

Building Trust, Embracing Transparency, and Leading Transformation for a Better Tomorrow: A Vision for 2025



It is an honor to address you today as we stand at the threshold of a new chapter for our hospital. Reflecting on our journey, I am filled with immense pride in how far we've come and am equally inspired by the possibilities that lie ahead. Together, we will elevate our institution to new heights in the coming year and position ourselves as a beacon of excellence in 2025.

Our vision is centered on three pivotal pillars: Trust, Transparency, and Transformation.

Trust is the foundation of our work. It is what binds us to our patients, their families, and each other. We must nurture this trust by maintaining the highest ethical standards and by being unwavering in our commitment to providing accessible and equitable care for all.

Transparency ensures that every decision we make is open and honest, fostering an environment where communication flows freely and every stakeholder—our patients, doctors, nurses, and staff—feels valued and heard. Transparency is the bridge that connects us as one cohesive team, working toward shared goals.

Transformation is our future. As we move forward, we will embrace cutting-edge technology advancements to redefine



healthcare delivery, making our services more efficient, effective, and innovative. We will not only adapt to change but lead it, setting benchmarks in quality care.

Our growth strategy will focus on becoming a patient-friendly hospital that prioritises comfort, quality, and personalised care. Simultaneously, we aim to be doctor-friendly, ensuring our healthcare professionals are empowered with the resources, support, and work environment they need to thrive.

Above all, it is teamwork that will drive our success. Together, we will foster a culture of collaboration, mutual respect, and shared purpose. By pooling our diverse skills and perspectives, we can achieve remarkable things.

As we look to 2025, I see a hospital that is not just a place of healing but a symbol of hope—a model for ethical, inclusive, and transformative healthcare. Together, let us build on our strengths, overcome challenges, and reach new milestones.

Thank you for your dedication, your passion, and your belief in our shared mission. Let's make the coming year one of remarkable growth and accomplishment.

Thank you

Dr. Rakesh Shah
COO, KEM Hospital, Pune



Wet and Distraught A medical wake up call

Enuresis or bedwetting is a common problem in children and often neglected due to multiple reasons. Parents, caregivers and sometimes even primary care physicians do not give it the appropriate attention due to the popular belief that the child will grow out of it.

The International Children's Continence Society recommends that a 6-year-old child with enuresis must be offered treatment, and at an earlier age if the child desires to be dry. Untreated, enuresis gives rise to low self-esteem in the child, hinders participation in activities like camps and stay overs giving rise to feelings of isolation; it also causes significant distress to the parents. Additionally, some enuretics go on to be adults with enuresis (prevalence 0.5-1% adults).

Factors implicated in the pathogenesis of primary enuresis are, singly or a combination, a small bladder capacity, high arousal threshold from sleep and low nocturnal anti diuretic hormone (ADH) secretion, resulting in nocturnal polyuria. Associated co-morbid factors that have been identified in children with bedwetting are constipation, sleep disordered breathing, obesity and behavioral disorders like ADHD or autism spectrum disorder.



Enuresis may be associated with daytime symptoms like voiding postponement, where the child may adopt postures like crossing the legs or sitting with heels at the perineum to delay voiding. Other symptoms may be urgency, increased frequency and daytime incontinence. Children who have daytime symptoms are said to have non-monosymptomatic enuresis in contrast to those who have isolated bedwetting or monosymptomatic enuresis.

Evaluation of these children is based on history to establish whether enuresis is monosymptomatic or non-monosymptomatic and to identify co morbid factors.

Step one in the management of bedwetting is urotherapy. This encompasses demystification: explaining to the family regarding the proposed pathogenesis of enuresis, removing any shame the child may be suffering, imagining that bedwetting was her/ his fault and alleviating the guilt of the parents who believe that it is a result of their poor child rearing skills. The child is advised to drink about 6 glasses of fluids in a day and most of it during the daytime and early evening, to void every 2 ½ -3 hours, ensure one soft bowel movement in a day, both in the correct posture. The child and parents are asked to maintain a voiding diary to understand the bladder capacity as well as for the family to register the problem. Daytime symptoms are usually addressed first. Comorbid conditions also need to be managed early or concomitantly with the management of enuresis. Parents need to understand that waking up the child to void every night keeps him dry only for that night, however does not contribute to 'training' towards a dry bed.

Specific treatments for monosymptomatic enuresis are alarm therapy and desmopressin. An alarm is a bell that goes off in response to the activation of a moisture-sensitive sensor placed in the child's underwear when she/he sleeps. This works on the principle of conditioning so that the child finally learns to wake up to the sensation of a full bladder. The alarm has the lowest relapse rate. Desmopressin, a vasopressin analogue available as a melt tab, is ideal for children with nocturnal polyuria as demonstrated on the voiding diary. It is also very useful for short periods for camps and stay-overs. The two may be used in combination if one is not effective. The anticholinergic drug oxybutynin may be added to desmopressin especially when there is some bladder overactivity.

The key to successful management of enuresis lies in developing a rapport with the enuretic child and working with the family as a team towards a shared goal of achieving dryness when asleep and hence ensuring a better quality of life.

Paediatric Renal Service, Renal Unit, KEMH



POEM - Singing praises in treatment of Motility Disorders

The motility disorders are on the rise due to improved diagnostic modalities but therapeutic treatment armada has made strikingly large strides in recent years predominantly via endoscopic route. The commonly encountered disorders on day-to-day practise are Achalasia Cardia, Distal Esophageal Spasm and Hirschsprung disease. In this short review we will focus on esophageal motility disorders and treatment modalities.

Esophageal Motility Disorders

These disorders are defined as an esophageal disease attributable to neuromuscular dysfunction that causes symptoms referable to the esophagus, most commonly dysphagia, chest pain, or heartburn. Using this definition, there are only 3 firmly established primary esophageal motility disorders: Achalasia, Distal Esophageal Spasm (DES), and GERD.

Esophageal motility disorders can also be secondary phenomena, in which case esophageal dysfunction is part of a more global disease, such as in Pseudo achalasia, Chagas disease, and PSS (scleroderma).

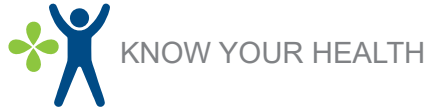


Major And Minor Disorders of Esophageal Motility

All these disorders and their patterns are diagnosed on High Resolution Esophageal Manometry (HRM). The latest classification has classified the disorders in two broad categories. The previously classified Major disorders are now reclassified as Disorders of EGJ outflow while minor disorders have been reclassified as Disorders of Peristalsis. Here is latest Chicago V4 classification for esophageal motility disorders.

CLASSIFICATION	DISORDER	DEFINITION
Disorders of EGJ Outflow (Major Disorders)	Type I Achalasia	Abnormal median IRP & 100% failed peristalsis
	Type II Achalasia	Abnormal median IRP, 100% failed peristalsis, & ≥20% swallows with Pan-esophageal pressurization
	Type III Achalasia	Abnormal median IRP & ≥20% swallows with premature/spastic contraction and no evidence of peristalsis
	EGJ Outflow Obstruction	Abnormal median IRP and not meeting criteria for achalasia
Disorders of Peristalsis (Minor Disorders)	Absent Contractility	Normal median IRP & 100% failed peristalsis
	Distal Esophageal Spasm	Normal median IRP & ≥20% swallows with premature/spastic contraction
	Hypercontractile Esophagus	Normal median IRP & ≥20% hypercontractile swallows
	Ineffective Esophageal Motility	Normal median IRP, with >70% ineffective swallows or ≥50% failed peristalsis

Yadlapati R, Kahrilas PJ, Fox MR, et al. Esophageal motility disorders on high-resolution manometry: Chicago classification version 4.0© [published correction appears in Neurogastroenterol Motil. 2024 Feb;36(2):e14179. doi: 10.1111/nmo.14179]. Neurogastroenterol Motil. 2021;33(1):e14058. doi:10.1111/nmo.14058



ACHALASIA CARDIA

In 1929, two physicians Hurt and Rake figured out the problem in some patients of dysphagia and named the disease achalasia, meaning inability to relax. Here started the journey of Achalasia which is characterized by impaired LES relaxation with swallowing and aperistalsis in the smooth muscle esophagus producing symptoms of dysphagia.

Pathophysiology

Two most important pathological abnormalities seen are:

1. Damage to the innervation of the smooth muscle segment of the esophagus (including the LES)
2. Loss of ganglion cells within the myenteric plexus.

Denervation of esophageal smooth muscle potentially affect excitatory ganglion neurons (cholinergic), inhibitory ganglion neurons (NO ± VIP), or both; but it is clear that inhibitory ganglion neuron dysfunction is as an early manifestation of achalasia. Antibodies against myenteric neurons have been detected in sera of achalasia patients, especially in patients with specific HLA alleles. The trigger for initiating the autoimmune response leading to the development of achalasia remains controversial, but is suspected to be a chronic or latent human herpes virus 1 (HSV-1) infection.

The degree of ganglion cell loss parallels the duration of disease, likely progressing from EGJ outflow obstruction to type II achalasia, to type I achalasia, to end-stage achalasia. Type III achalasia seems to have a unique pathogenesis, characterized by myenteric plexus inflammation and altered function, but not destruction.

Clinical Features

1. **Dysphagia**- All patients have solid food dysphagia; the majority of patients have variable degrees of liquid dysphagia. The onset of dysphagia is usually gradual and progressive. Dysphagia is sensitive to temperature of food; some cases may report improved symptoms with hot food. Dysphagia also gets relieved with repetitive swallows or changing position or Valsalva manoeuvres.
2. **Regurgitation**- With long-standing disease, there is progressive esophageal dilatation, and regurgitation becomes frequent with recumbency. The regurgitant is often recognized as food that has been eaten hours, or even days, previously. It tends to be nonbilious, non-acid, and mixed with copious amounts of saliva.
3. **Chest pain**- Early in the course of achalasia, approximately two thirds of patient's complaints of chest pain. Its aetiology is unknown, but is thought to be related to the occurrence of esophageal spasm
4. **Other symptoms**- Hiccups, Halitosis, weight loss, and aspiration pneumonia. Nearly 10% of cases have bronchopulmonary complications as a result of regurgitation and



aspiration. Another fortunately rare, symptom of achalasia is airway compromise and stridor because of the dilated esophagus compressing the membranous trachea in neck.

Diagnostic Modalities

1. Endoscopy- First test for evaluating new onset dysphagia, because it combines the ability to detect most structural causes of dysphagia with the ability to obtain biopsies.
2. Commonly seen findings on endoscopy are dilated esophagus, tertiary contractions, retained food and liquid particles in esophagus and resistance in negotiating scope beyond GE Junction.
3. Contrast Imaging- Modified barium swallow is imaging of choice. The common findings are, dilated esophagus, spastic contractions, delayed barium passage and incomplete relaxation of GE Junction.
4. High Resolution Manometry- This is a test in which intraluminal pressure sensors are positioned within the esophagus to measure the contractile characteristics of the esophagus and segregate it into functional regions. The Chicago classification uses standardized parameters such as Median IRP (Integrated Relaxation Pressure), DL (Distal Latency) and DCI (Distal Contractile Integral). On behalf of this parameters and contractile pattern the disorders of motility have been classified. (Refer to Table 1)
5. Intraluminal impedance measurement- predominantly used for GERD
6. FLIP (Functional Lumen Imaging Probe)

Treatment Modalities

1. Pharmacologic Therapy

Amyl nitrite, Sublingual Nitroglycerin, Theophylline, and β 2-adrenergic agonists have also been tried, with variable success.

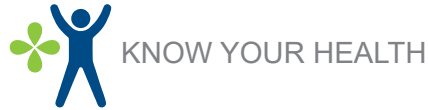
2. Surgical Therapy

Heller Myotomy- Published series of the efficacy of Heller myotomy in treating achalasia report good to excellent results in 62% to 100% of patients, with persistent dysphagia in fewer than 10%. The risk of reflux symptoms is more severe compared to other modalities.

3. Endoscopic Therapy

i) Botulinum Toxin Injection- Landmark study of botulinum toxin in achalasia reported that intra-sphincteric injection of botulinum toxin decreased LES pressure by 33% and improved dysphagia in 66% of patients for a 6-month period. This modality has been preferred in frail patients who are not candidate for surgical or endoscopic myotomy.

ii) Pneumatic Dilation- Rigiflex dilators which are long, noncompliant, cylindrical balloons with radio opaque markers are used. They are designed to be passed over a guidewire and positioned across the LES fluoroscopically. The clinical efficacy reported for dilation ranges widely from 32% to 98%. It is considered as initial treatment modality in patients



of type II achalasia cardia. Ballon dilation should only be considered in patients who are surgical candidates because it carries 1-5% risk of perforation.

iii) POEM (Per Oral Endoscopic Myotomy)

PER ORAL ENDOSCOPIC MYOTOMY (POEM)

Different types-

1. POEM- Achalasia cardia (Anterior or Posterior approach)
2. G POEM- Gastroparesis
3. Z POEM- Zenker's Diverticulum
4. D POEM- Esophageal Diverticulum
5. PREM- Per Rectal Endoscopic Myotomy for Hirschsprung disease.

CASE Recently POEM for Achalasia Type II was performed in KEMH. A 33-year-old gentleman presented with classical symptoms of Dysphagia for solids and liquids, weight loss of 5-6 Kg and reflux symptoms since past 1 year. On evaluation, UGI scopy showed dilated esophagus and tertiary contraction with resistance for passage of scope through GE junction. High Resolution Manometry showed raised Median IRP (26.6 mmHg) with absence of peristalsis and Pan-esophageal pressurization.

PROCEDURE Important steps of this procedures are highlighted below with the help of images for easier understanding.



1. Dilated Esophagus & Tertiary Contractions



2. Mucosal Bleb & Incision



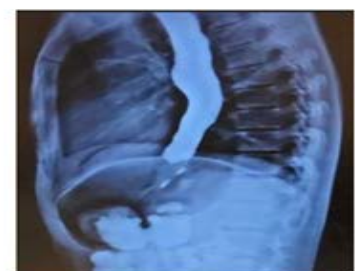
3. Sub Mucosal Dissection & Tunnel Formation



4. Endoscopic Myotomy



5. Incision Closure with Clips



6. Post procedure GG study- no lea
Dye in Stomach, SI



POST PROCEDURE OUTCOM

The total duration of procedure was under 75 mins. No immediate post procedure complication was noted. On POD-1, Gastrograffin swallow was performed which did not show any leak and dye could easily be passed in stomach, small bowel. He was started on diet with in 24 hours of procedure and discharged within 48 hours procedure. On follow up after 15 days (POD-17), patient is tolerating normal diet and started gaining some weight.

WHATS DATA ON EFFICACY OF POEM

Latest data by North et al in 2023 compared POEM vs Hellers vs Pneumatic Dilatation. The conclusion was, POEM has improved efficacy compared to PD and Hellers myotomy with similar cost-effectiveness. POEM results showed comparable patient outcomes with laparoscopic myotomy. Overall, POEM is a feasible first-line treatment for achalasia.

TREATMENT OPTIONS FOR OTHER MAJOR MOTILITY DISORDERS

1. Psuoachalasia- underlying cause such as malignancy, lymphoma should be managed.
2. Distal Esophageal Spasm- POEM
3. Hypercontractile esophagus/ Jack Hammer esophagus- CCB, Nitrate Trial or POEM
4. Absent peristalsis- No established data, may be managed with PPI/ Pro-kinetics

CONCLUSION

POEM have been recent effective answer for questions thrown by most of the motility disorders. Different types of POEM's are being performed according to underlying aetiology such as Achalasia, Gastroparesis, Zenkers and Esophageal diverticulum.

So, to briefly summarise-**“The swansong of POEM has just begun and long it may sing.”**



DR AKSHAY KALE

Consultant, Department of Gastroenterology and Hepatology
Fellowship in EUS, ERCP & Third Space Endoscopy



Workshop on Preschool Readiness: Empowering Parents for a Smooth Transition

A workshop on Preschool Readiness for children aged 3 to 6 years was successfully conducted by the TDH Team on January 25, 2025. The session aimed to equip parents with the necessary knowledge, strategies, and confidence to ensure a smooth transition for their children from home to school.

For many young children, starting school for the first time can be overwhelming. Separation anxiety, crying, and reluctance to let go of a parent are common challenges. To address these concerns, the workshop emphasized early preparation to help children adapt to their new environment comfortably.

The session featured expert speakers who provided valuable insights on key aspects of preschool readiness:

- Dr. Sudha Choudhari – Introduction to the workshop
- Dr. Sharmila Patil – Understanding Preschool Readiness and Identifying Red Flags
- Mr. D.P. Jha – Importance of Pre-writing Skills and Sensory Integration
- Ms. Sheetal Talekar – Developing Social and Pre-academic Skills
- Ms. Stuti Kumar – Managing Maladaptive Behavior
- Ms. Kritika Gajane – Enhancing Communication Skills for Preschool Readiness

A total of 32 parents participated in the interactive session, which provided practical solutions to their concerns. The workshop was highly appreciated, with parents expressing gratitude for the valuable guidance and personalized responses from the experts.



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By fostering early preparedness, the workshop successfully highlighted the importance of structured learning, emotional resilience, and skill-building to ensure a positive preschool experience for both children and parents.





Online Ergonomic Session

In today's fast-paced professional world, long hours at the desk, multitasking, and standing while performing daily tasks have become the norm. However, prioritizing both physical and mental well-being is equally essential.

This was the central theme of the online lecture on Ergonomic Awareness conducted at Kirloskar Pneumatic Company Ltd. on January 21, 2025. The session was led by Dr. Gauri Moghe (PT), Head of Physiotherapy, with the objective of educating employees on creating a healthier and more efficient work environment.

The lecture began with an introduction to workplace ergonomics, highlighting both physical and cognitive aspects. Key focus areas included the negative effects of poor posture, inadequately designed workstations, and lack of movement, which can contribute to musculoskeletal issues, fatigue, and decreased productivity.

Through relatable examples, the session illustrated common workplace concerns such as prolonged sitting, improper monitor placement, and repetitive strain injuries. Participants particularly connected with discussions on "Text Neck" and "Mouse Shoulder," conditions caused by excessive technology use.

A major highlight of the session was its interactive demonstrations, where attendees learned



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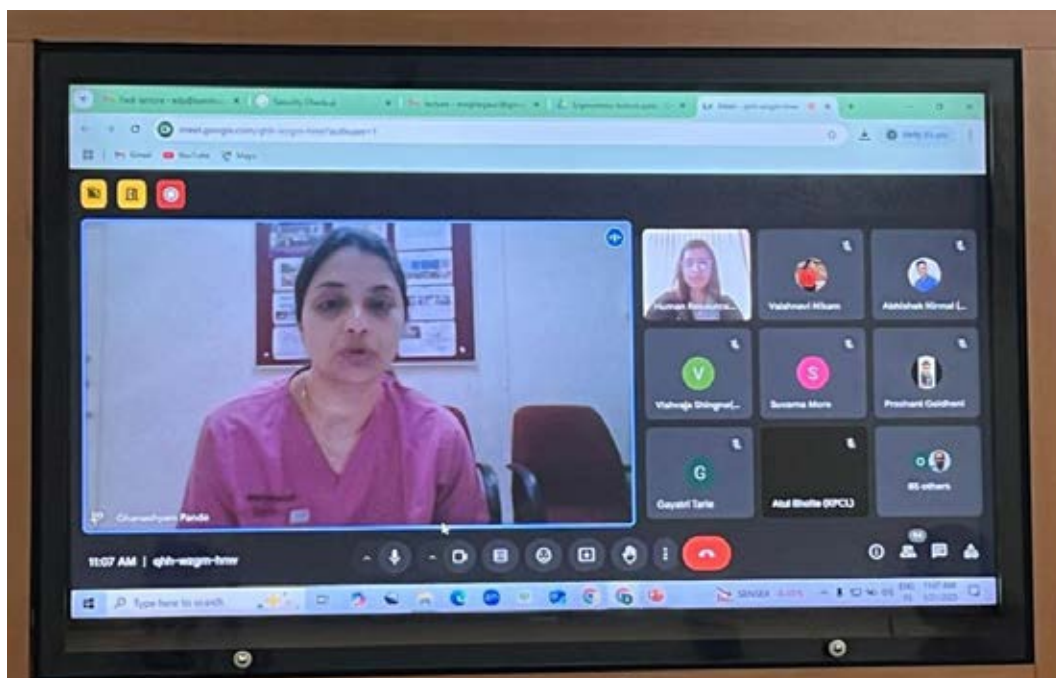
simple yet effective stretches to alleviate stiffness and prevent injuries. Practical ergonomic tips were shared, including:

- Adjusting chair height to provide optimal support for the neck and lower back using available resources.
- Following the 20/20/20 rule to reduce eye strain and prevent prolonged spinal stress.
- Performing workplace and home exercises to maintain mobility and prevent discomfort.

Beyond physical adjustments, the lecture emphasized holistic well-being, reinforcing that ergonomics is not just about movement but also about mental health and maintaining a balanced workload.

The positive response from attendees underscored the growing awareness and necessity of ergonomic practices. Many participants expressed their commitment to implementing these strategies in their professional and personal routines.

It was a privilege to share insights that promote healthier habits and improved productivity. Ergonomics is not just a science—it is a bridge to a healthier, more sustainable work culture. We look forward to continuing this vital conversation in the future.





Workshop for CI Patients

In a bid to empower parents of hearing-impaired children, BIG EARS, KEM Hospital, Pune, organised a workshop that drew over 110 parents from across Maharashtra.

The workshop, held at the hospital, began with a lamp-lighting ceremony and featured insightful sessions on education, career opportunities, relationships, and marriage for hearing-impaired individuals. Senior audiologist Dr. Kalyani Mandke and senior ENT surgeon & HOD, Big Ears, Dr. Neelam Vaid led the sessions.

An interactive Q& A session, conducted by Jui Shevale, featured successful individuals, including Deepak Bhosale, Debshree Lokhande, Sampat Hivarkar, Sachin Shinde, Malhar Deshpande, Vaishali Shinde, Nabha Wamburkar, and others, who shared their experiences and offered guidance.

“The workshop provided a platform for open discussions on the challenges faced by the hearing-impaired community,” said Dr. Neelam Vaid.

“We aim to empower parents and caregivers with the knowledge and resources needed to support their children’s growth and development,” said Dr. Kalyani Mandke.

The workshop was part of Big Ear’s ongoing efforts to provide comprehensive support to individuals with hearing impairments and their families.





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Health Camp for Police



Retirement Function

It was held on 30th January'25 for Mrs. Shailaja Joshi (Officer Diabetes Unit GR-I)





Christamas Party at Big Ears





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Strengthening Our Commitment: State-of-the-Art Ambulance Joins Our NICU Fleet

We are delighted to share that our Neonatal Intensive Care Unit (NICU) has welcomed a new addition—a state-of-the-art ambulance generously donated by Infosys Foundation. This marks yet another milestone in the illustrious journey of our NICU, which has been delivering exceptional neonatal care for over five decades.

Among the many specialised units at KEMH, the NICU stands out as one of the largest in India and the first of its kind in Western India. Established in 1977 as a modest 6-bed facility, it has since evolved into a fully equipped, 50-bed intensive care unit, providing advanced and cost-effective treatment for new-borns, particularly preterm infants. Renowned paediatrician, Late Dr. Anand Pandit, played a pivotal role in its inception.

The quality of medical care is critical in determining the future of premature babies, who are vulnerable to various biological risks. Over the years, our NICU has consistently delivered care that meets international standards and keeping the costs within reach of common people.

Today, the NICU is led by an expert team of consultants, including Dr. Umesh Vaidya (Head of Department, NICU), Dr. Sandeep Kadam (Consultant Paediatrician & Neonatologist), and Dr. Tushar Parikh (Consultant Neonatologist). The team is further strengthened by respiratory therapists, lactation counsellors, TPN nutritionists, medical social workers, and our dedicated nursing staff.

The KEM NICU has undergone several upgrades over the years and is accredited as a Level III A unit. Currently, we admit over 100 new-borns each month, with more than 85% weighing below 1000 grams and approximately 60 requiring ventilation. Nearly 30% of these babies are referred from peripheral centres. Remarkably, our NICU boasts a survival rate exceeding 90%.

What sets our NICU apart is its commitment to providing high-quality care at costs accessible to the common man. By making optimal use of donated equipment, we have built a strong relationship of trust and goodwill with our donors and the community. One of our unit's distinctive strengths is the long-term follow-up of preterm babies well into adulthood. Under the leadership of Dr. Sudha Chaudhary, this initiative has evolved into the renowned 'Pune Low Birth Weight Study,' which serves as a global reference for the management of preterm infants.

Additionally, KEM NICU is recognized as a national training centre for various aspects of



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neonatology, including neonatal nutrition, colour Doppler imaging, echocardiography, and ventilation. It actively contributes to the National Neonatology Forum of India (NNF) and state-level SNCUs.

As one visiting Indian-American doctor aptly put it, “This is the best and most affordable NICU I have ever seen.” With a rich legacy behind us, our NICU continues to advance, embracing new challenges and ensuring that every preterm baby receives the care they need for a healthy and promising future.





Twin reunites with Westmead Hospital doctor that saved their lives 30 years ago

Nearly 30 years ago, in the early hours of May 14, 1995, Dr Umesh Vaidya, then a Neonatology Fellow at Westmead Hospital, performed life-saving interventions for identical twin girls born prematurely with undiagnosed Twin-to-Twin Transfusion Syndrome (TTTS).

Today, those twins, Freyja and Imogen Wadlow-Smith, are thriving professionals in the environmental sciences. Their mother, Erika Wadlow-Smith, reached out to The Pulse to reflect on the moment her daughters were born. “Freyja, born first, had an APGAR of 1. Umesh intubated so fast and worked on her expertly, saving her life. Imogen, the plethoric twin, was just as unwell. It was all such a blur at the time.”

Years later, Erika felt compelled to express her gratitude. After some searching, she contacted Dr Vaidya, who had since moved to the Children’s Hospital at Westmead and was preparing to return to India. “I spoke to him just in time. He was delighted to hear the girls were thriving. He said no one had ever gotten back to him to say thank you before.”

Dr Vaidya remembers the moment vividly.

“I was surprised and overwhelmed by the connection after so many years,” Dr Vaidya said. “There is no greater happiness for a neonatologist than to see the wonderful long-term outcomes of high-risk babies.” Both twins have excelled in their fields. Freyja is an



Environmental Scientist with the Department of Environment, and Imogen, an Atmospheric Scientist, is currently in Antarctica researching climate drivers while completing her PhD. Recently, Freyja had the chance to meet Dr Vaidya in Pune, India, where he now works. “These are truly memorable events in the life of a doctor.”

“It is uncommon to see an NICU graduate as an adult, let alone one who has flown across continents to meet her doctor. Meeting Freyja was exceptional and very gratifying. We exchanged stories, and she thanked me for the care she received decades ago.”

The meeting also provided an opportunity for Freyja to visit the neonatal intensive care unit (NICU) in Pune. “She took a tour and met the staff, who were very happy and impressed with her visit.” Reflecting on his career, Dr Vaidya noted the impact of his training at Westmead Hospital.

“When I returned to Pune in 1996, the city had no neonatal ventilators. Westmead Hospital donated two refurbished Bear Cub Neonatal Ventilators, which saved hundreds of babies every year for more than a decade.”

“Over the past three decades, neonatal care in India has advanced significantly, and I’m proud to have been part of this journey.”

“Freyja’s visit rekindled my memories of my training in Australia and the journey that followed.” For Erika, Freyja, and Imogen, they will forever be grateful for Dr Vaidya’s skill and dedication. “It was beyond happiness for Freyja to shake the hand of the man who saved her life. It was a wonderful reunion—one we will never forget.”

Erika Wadlow-Smith



HEALTHCARE AWARENESS

~~HIV~~ Be PrEPared

PrEP is a prevention method in which people who do not have HIV infection take a pill daily to reduce their risk of becoming infected.

KEM Hospital PUNE
020 6603 7460
020 2621 7460

Prevent HIV

USE A CONDOM

KEM Hospital PUNE
020 6603 7460
020 2621 7460

Be PrEPared

PrEP is a prevention method in which people who do not have HIV infection take a pill daily to reduce their risk of becoming infected.

KEM Hospital PUNE
020 6603 7460
020 2621 7460

PrEPare yourself

PrEP is a prevention method in which people who do not have HIV infection take a pill daily to reduce their risk of becoming infected.

KEM Hospital PUNE
160 60

National Thyroid Awareness Month

This month, we raise awareness about thyroid disorders, their symptoms and the importance of early detection.

- Eye problems
- Memory issues
- Depression
- Change in mood
- Fatigue
- Trouble sleeping

Talk to your doctor if you experience these symptoms.