

CARE BANJARA TIMES

ISSUE 02
MARCH 2025

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CARE Hospitals, Banjara Hills, Redefining Healthcare Excellence in Hyderabad

Dear Team,

As we eagerly approach the landmark relaunch of CARE Hospitals, Banjara Hills, I find myself reflecting deeply on the profound impact we have as healthcare providers. Our roles extend far beyond medical practice; they encompass building trust, nurturing compassion, and constantly striving for excellence in patient care.

This transformation is more than an upgrade of our physical environment and advanced technologies—it's about strengthening the core of our hospital: our exceptional people and the culture we uphold. It involves meticulous alignment of clinical protocols with global standards, fostering deeper doctor engagement, and refining our patient care processes to deliver unmatched medical outcomes.

I am delighted to share that we have further strengthened our clinical excellence with the addition of senior experts in Cardiology, Spine Surgery, and Emergency Medicine. These highly regarded specialists significantly enhance our medical programs, ensuring that we provide cutting-edge care across critical disciplines.



Dr Ajit Singh

Associate Vice President, CARE Hyderabad Region
Medical Head, CARE Hospitals, Banjara Hills

Additionally, I take immense pride in our recent International Women's Day celebrations, which were truly inspiring. Witnessing the incredible talent, dedication, and leadership of the women at CARE Hospitals, Banjara Hills reaffirmed our commitment to diversity, inclusion, and equity. Their contributions are indispensable, shaping the compassionate and innovative care we deliver every day.

I am immensely grateful to every clinician, nurse, administrative professional, and support staff member. Your unwavering commitment, collaboration, and empathy are the pillars upon which our hospital stands. Together, we have built more than a healthcare facility—we have created a compassionate community united by a shared purpose.

As we move towards this exciting new chapter, I warmly invite our esteemed medical colleagues and partners in the healthcare community to visit and experience the renewed CARE Hospitals, Banjara Hills. Witness firsthand our state-of-the-art facilities, advanced clinical programs, and the compassionate care environment we have meticulously crafted for your patients. Let us together continue to set new standards in healthcare excellence.



Celebrating the Legacy of Dr. V. Surya Prakash Rao – A Leader in Cardiac Excellence

We are proud to celebrate Dr. V. Surya Prakash Rao, Clinical Director & HOD, Cardiology, CARE Hospitals, Banjara Hills, for being recognised as one of India's top healthcare leaders. A pioneer in cardiology, Dr. Rao has transformed countless lives through

his clinical brilliance, innovative approach, and deep commitment to patient care. His leadership has elevated our Cardiology Department to national prominence, setting new benchmarks in cardiac excellence.

Dr. Rao's passion, humility, and dedication continue to inspire both peers and future generations of doctors. We thank him for leading with heart and excellence every step of the way.

Congratulations, Dr. V. Surya Prakash Rao!

Your legacy keeps growing—one heartbeat at a time.

CONSULTANT ONBOARD

Welcoming Dr. Srinivasa Rao Maddury to CARE Hospitals, Banjara Hills

We are delighted to welcome Dr. Srinivasa Rao Maddury, MD, DM (Cardiology), FACC, FESC, FSCAI, as Regional Clinical Director & Senior Interventional Cardiologist at CARE Hospitals, Banjara Hills.



With over 40 years of expertise in managing complex cardiac conditions, Dr. Maddury is renowned for his skill in advanced procedures like complex angioplasties, balloon valvuloplasties, pacemaker implantations, and primary PCI. A fellow of leading global cardiology societies, he is also a respected academic, researcher, and mentor. His leadership and commitment to excellence strengthen our mission to deliver world-class cardiac care. Please join us in giving him a warm welcome to the CARE family.

Advanced Device Therapies for Heart Failure: Is Age a Contraindication?

A Successful CRT-D Implantation in a
92-Year-Old at CARE Hospitals, Banjara Hills

Case Overview

A 92-year-old male was referred to CARE Hospitals, Banjara Hills in critical condition, suffering from complete heart block (CHB) with associated heart failure. With a complex cardiac history including multiple angioplasties and coronary artery bypass grafting over the past three decades, the patient presented after requiring a temporary pacemaker and mechanical ventilation at a local hospital. This case raised an important clinical question: Can advanced cardiac device therapies be considered in the very elderly?

Clinical Background

The patient had severe left ventricular dysfunction with a significantly reduced ejection fraction (LVEF), recurrent heart failure admissions, and was in CHB at the time of referral. He was haemodynamically unstable and ventilator-dependent, posing a substantial procedural risk.

Complete heart block is a degenerative conduction system disease that can cause severe bradycardia, often necessitating permanent pacemaker implantation. In patients with co-existing heart failure and electrical dyssynchrony, Cardiac Resynchronisation Therapy with Defibrillator (CRT-D) offers a potential for both symptomatic improvement and mortality reduction.

Multidisciplinary Management & Decision Making

Despite the patient's advanced age and multiple comorbidities, the Heart Team—comprising cardiologists, electrophysiologists, intensive care and cardiac anaesthesia specialists—concluded that CRT-D was a viable and potentially life-saving option.

The Procedure:

A carefully planned CRT-D implantation was performed under close monitoring by the multidisciplinary team. The procedure was uneventful, and over the next few days, the patient was successfully weaned off the ventilator and other supports.

Outcome & Follow-Up

Within a week, the patient showed marked clinical improvement. He was discharged in stable condition and continued on guideline-directed medical therapy. Over the course of one year:

- His LVEF improved significantly
- He remained free from heart failure hospitalisations
- He resumed an independent, active lifestyle, including international travel

Key Takeaways

This case is a powerful testament to the effectiveness of advanced device therapies, even in elderly patients once considered “too high-risk.” With careful selection and



Dr Ramakrishna SVK

Clinical Director - Cardiac
Electrophysiology

coordinated care, age should not be a barrier to life-enhancing treatments. Age is just a number. Add life to years—stop counting numbers.

At CARE Hospitals, Banjara Hills, our commitment to comprehensive, patient-centric cardiac care ensures that even high-risk and elderly patients are given the opportunity to experience the benefits of modern cardiovascular therapies—when guided by evidence, experience, and multidisciplinary teamwork.

Clinical Team:

Dr. Rama Krishna SVK

Clinical Director – Cardiac
Electrophysiology

Dr. K. Raghu

Senior Consultant – Interventional
Cardiology

Dr. Rahul Agarwal S

Sr. Consultant – Cardiac Critical Care
Medicine & Head of Department

Rare Case of Fronto-Ethmoidal Mucocele in a Child Successfully Treated at CARE Hospitals, Banjara Hills

An 11-year-old girl presented to CARE Hospitals, Banjara Hills with a one-year history of painless swelling in the right eye, which had recently progressed to excessive tearing and double vision. Interestingly, the child had no nasal symptoms—an uncommon presentation that made diagnosis challenging.

Clinical Assessment & Imaging

On examination, non-axial proptosis of the right eye was evident, with restriction in upward gaze. Pupillary responses and fundus were normal. Nasal endoscopy revealed a smooth, pinkish sinonasal mass abutting the nasal septum. Contrast-enhanced CT and MRI identified a well-defined, expansile lesion in the right fronto-ethmoidal sinus, hyperintense on T2-weighted imaging, consistent with a mucocele. The lesion had caused erosion of the lamina papyracea and extended into the orbit, displacing orbital contents—but without intracranial extension.

Surgical Management

A Functional Endoscopic Sinus Surgery (FESS) approach was adopted, including complete ethmoidectomy and frontal sinusotomy with marsupialisation of the mucocele. Approximately 15 ml of mucinous material was drained. The procedure was uneventful, and histopathological analysis

confirmed the diagnosis. Postoperatively, the patient showed significant reduction in proptosis with no visual deficits and resumed normal activities shortly after recovery.

Discussion

Fronto-ethmoidal mucoceles are uncommon in the paediatric age group and are typically seen in adults aged 40–60. Their presence in children, particularly with isolated orbital symptoms and no nasal complaints, is rare and can easily be misdiagnosed. Orbital manifestations such as proptosis, diplopia, or visual disturbance may mimic tumours or inflammatory lesions, underscoring the importance of radiological and endoscopic evaluation in diagnosis.

Timely intervention is crucial, as expanding mucoceles can cause bony erosion and compress adjacent structures including the optic nerve. Endoscopic surgery offers a safe, minimally invasive, and cosmetically favourable solution—especially significant in children, where preserving craniofacial growth and development is vital.

Key Takeaways

- Paediatric paranasal mucoceles are rare and may present exclusively with orbital signs.
- Children have narrower nasal passages and sinuses, potentially making surgery



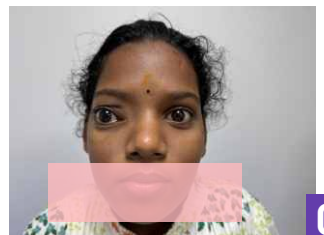
Dr N Vishnu Swaroop Reddy

Clinical Director, Head of the Dept & Chief Consultant, E.N.T and Facial Plastic Surgeon

more challenging and increasing the risk of complications

- Endoscopic marsupialisation is safe and effective, offering excellent outcomes with minimal morbidity.

At CARE Hospitals, Banjara Hills, our dedicated ENT and skull base surgery team continues to deliver expert, child-friendly care in managing complex and rare sinus pathologies—prioritising precision, safety, and long-term outcomes.



Redefining CRT Eligibility with Cardiac MRI: A Case from CARE Hospitals, Banjara Hills

A 64-year-old hypertensive male presented with NYHA Class II–III dyspnoea and was found to have LBBB (QRS 150 ms) and severe LV systolic dysfunction. Initial workup, including 2D echo, indicated dyssynchrony, apical aneurysm, and a thinned IVS—making him a textbook candidate for CRT-D. However, the Cardiac Team at CARE Hospitals, Banjara Hills pursued additional imaging with Cardiac MRI, aiming for precision and cost-effective care. MRI findings revealed transmural scarring in both the septum and lateral wall—signalling a high likelihood of CRT non-response due to:

- Poor capture and high pacing thresholds
- Limited mechanical benefit due to septal scarring
- Distorted myocardial anatomy

Revised Plan

CRT-D was deferred. The patient was instead managed with:

- PTCA to the LAD
- Optimised Medical Therapy (OMT)
- AICD implantation for primary prevention

Clinical Insight

This case highlights the critical role of advanced imaging in CRT planning. Cardiac MRI allowed for informed therapeutic redirection, avoiding unnecessary device implantation.

Key Takeaways

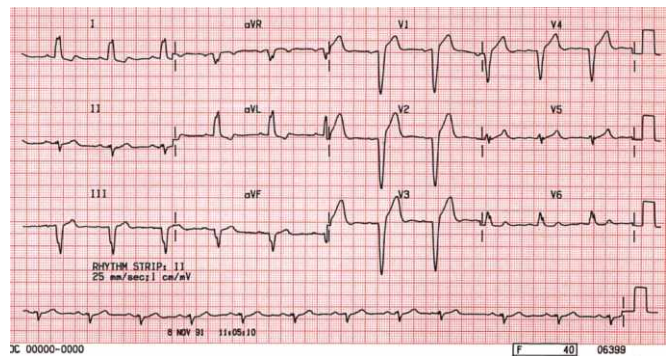
- Cardiac MRI can refine CRT eligibility and prevent non-beneficial interventions.
- Multimodal, team-based decision-making ensures high-value, patient-centric care.
- CARE Hospitals continues to integrate precision tools to enhance outcomes and optimise resource use.



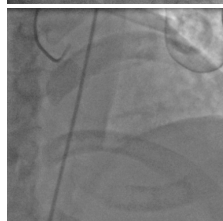
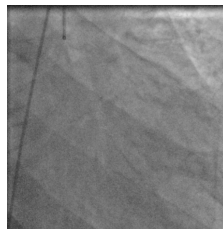
Dr Johann Christopher

Consultant - Interventional Cardiology
and Cardiac Imaging

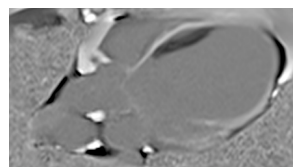
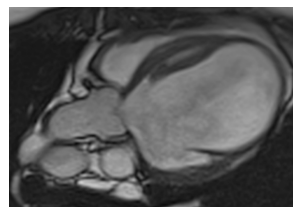
EKG QRS 150ms, PR 140, LBBB



CAG



MRI



Facial Reanimation After Gunshot Injury: A Multistage Surgical Success at CARE Hospitals, Banjara Hills

A young male patient presented two months post-gunshot injury to the face, with complete left-sided facial nerve paralysis. He experienced lagophthalmos, persistent watering and redness due to exposure keratoconjunctivitis, deviation of the mouth, and a palatal fistula—all significantly impacting his quality of life.

Surgical Strategy

Given the extent of facial nerve damage and associated complications, a comprehensive, staged reanimation plan was implemented:

- Gold Plate Placement in the upper eyelid to enable passive eye closure and prevent corneal exposure.
- Facial Nerve Grafting using a sural nerve cable graft to bridge the gap between proximal and distal nerve stumps.
- Static Sling Procedure with fascia lata to elevate the oral commissure and restore symmetry.
- Palatal Fistula Repair with a local flap to restore structural integrity and improve oral function.

Clinical Outcome

The patient showed marked postoperative improvement:

- Eye closure was restored, alleviating corneal

irritation and exposure symptoms.

- Facial symmetry significantly improved, enhancing both function and appearance.
- Successful palatal fistula repair led to better speech and reduced nasal regurgitation.
- Nerve regeneration is being closely monitored, with expected gains in dynamic facial movement in the coming months.

Key Insight

This case exemplifies the value of multidisciplinary expertise and advanced reconstructive techniques in managing complex facial trauma. At CARE Hospitals, Banjara Hills, we focus on restoring not only anatomical function but also the patient's confidence and overall quality of life.



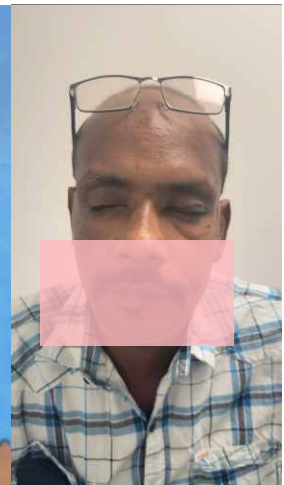
Dr Ravi Chander Rao

Sr. Consultant & Head of Department
Plastic Surgery



Dr Deepthi A

Consultant, Plastic Surgery



Brought Dead: A Medico-Legal Conundrum?

WHETHER 'Brought Dead' Patient warrants to be registered as a medico-legal case (MLC)? If so why?

Per current understanding in our context, yes, it requires to be registered as an MLC. Before I delve into related Query, let me explain about what constitutes a MLC? It appears that there is no statutory definition in India, as matters stand focusing on MLC. However, several authors, hospitals have defined MLC.

Definition of MLC

By and large, MLC is defined as: "Whenever the treating or attending Doctors post recording history and clinical examination of the Patient and particularly considering the nature and type of injuries arrives at a conclusion that appropriate investigation by law enforcement agency is essential to fix the responsibility in consonance with law."

Role of the Doctor

- Fundamental duty is to save the life of the Patient and render warranted care and treatment
- The Doctor concerned (EMO) shall decide whether the case is to be registered as MLC or not
- Registration of a case as MLC is purely a Doctor's decision. Attendees or family members of the Patient or deceased have no role towards this end

MLS: Illustrative cases

- Confirmed or suspected cases of Poisoning
- Brought Dead
- Injuries due to Accidents and Assault
- Sexual Offences

- Burns
- Child Abuse
- Case of Drunkenness
- Natural Disaster
- Suspected or evident Criminal Abortion
- Patients dying suddenly on operation table or after parenteral administration of a drug or medication
- Suspected or evident cases of suicides or homicides (even attempted cases)
- Unconscious patients where cause of unconsciousness is not clear
- Domestic Violence
- Cases of injuries with likelihood of death
- Person under Police Custody or Judicial Custody
- All patients brought to the hospital in suspicious circumstances/ improper history (ex: found dead on road)

Police Intimation

Information (in triplicate and writing) must be sent to the Police of concerned jurisdiction.

Medico-Legal Report (MLR):

- A Medico-Legal Report (MLR) in original requires to be handed over to the concerned Police Authority and proper acknowledgement needs to be obtained.
- All the Hospital and MLC Records must be kept confidential till the final disposal of the case.

Autopsy in MLC

In the event of MLC death, Autopsy is mandatory.

Deceased's family members or relatives have no role with regard to the decision of Autopsy. Means, they cannot seek 'No Autopsy'. In my experience I realized that though it is mandatory, the practice of not intimating to Police



Prof. (Dr.) S.V. Joga Rao

M.L. M.Phil., Ph.D., Advocate and Healthcare Consultant, Legalexcel Attorneys, Bengaluru, Formerly Professor of Law, NLSIU, Bangalore. Max-Plank Fellowship, MPI, Germany

- and Autopsy is not uncommon. Many a time, Hospitals receive written request for not registering the case as MLC. It is necessary to understand that such practice is illegal and may invite Police action and prosecution.

Let me respond regarding the second part of the query 'if so, why?

Because, in a 'Brought Dead' case, the treating Doctor may not come to a conclusion about the Cause of Death. In addition, the potential criminal conduct resulting in such death may not be ruled out. If such case is not registered as MLC, it would be very difficult to fix the responsibility on a person who perpetrated that offence.

Be that as it may, whether a routine registration of such case as MLC, would lead to serious repercussions to the family members, if such a death is natural, may be, on account of elderly age or incurable ailment?

Prof. Rao proposes to address the above in the next Issue.

Nurse Attrition: More Than Just an HR Issue- The need for Operational Leadership

No one can deny the fact that nurses are the unsung heroes, ensuring patient care runs smoothly. Yet, we are witnessing a troubling trend: experienced nurses are leaving, and it is not just an HR concern—it is an issue that affects service quality.

Recent trends highlight alarming attrition rates in Indian hospitals. This is not merely about filling vacancies; it is about the ripple effects on patient care, staff morale, and the financial health of our institutions.

Why are so many of our nurses choosing to leave?

While factors like overwork, limited career progression, and inadequate compensation are often cited, there is a deeper issue at play. Many nurses feel undervalued and unsupported in their roles. It is not the profession they are leaving; it is the environment.

As hospital leaders, it is imperative we shift our perspective. Retention is not solely an HR function; it is a strategic operational priority. Here is how we can make a difference:

- **Foster a Supportive Work Environment:**
Create a culture where nurses feel heard, respected, and included. This can be by regular one to one meeting, mentorship programs, and involving nurses in decision making.
- **Recognize and Reward:**
A simple “thank you,” a shoutout during rounds, or a “Nurse of the Month” board

can make nurses feel valued. Recognition builds morale and reminds your team that their work matters.

- **Provide Growth Opportunities:**
Offer chances to upskill through short courses, in-house training, and clearly defined roles like “Shift Leader” or “Infection Control Nurse.” Nurses are more likely to stay when they see a future for themselves in your hospital.

- **Ensure Fair Compensation:**
While we may not match overseas salaries, review pay scales annually and offer non-monetary benefits like meals, transport, or housing support. Even small financial gestures show that you value their contribution.



Dr Parivalavan Rajavelu

MS, DNB, FRCS
Consultant Surgeon,
Founder - SkillsForMed

By addressing these areas, we not only improve nurse retention but also enhance the overall quality of patient care. It is time we recognize that supporting our nurses is synonymous with strengthening our hospitals.



The Overlooked Cornerstone of Healing: Nutritional Care in Pneumonia Recovery

When my brother was recently hospitalised with pneumonia, I witnessed exceptional medical care—prompt diagnoses, timely medications, and round-the-clock monitoring. But what surprised me was the minimal attention paid to something equally crucial: nutrition. Despite pneumonia being a condition that significantly taxes the body, nutritional support seemed more of an afterthought than a core part of his recovery plan.

Why Nutrition Matters in Pneumonia

Pneumonia affects more than just the lungs—it places a heavy burden on the entire body. The immune system works overtime, fevers raise metabolic rates, and fatigue or breathlessness reduces appetite. At a time when the body needs fuel for healing, a lack of proper nutrition can slow recovery, worsen fatigue, and even lead to complications like muscle loss or prolonged hospital stay. Protein, vitamins (especially C and D), zinc, and adequate hydration are essential in this phase—not optional. And yet, food trays were delivered, but no one checked if he ate, how much, or whether the food met his nutritional needs.

Filling the Gap:

Taking Initiative Concerned by his low appetite and sluggish recovery, I spoke to the hospital dietitian. She was open to feedback and helped prepare a personalised diet chart based on his medical condition. I also asked that this

chart be shared with both the family and the nursing staff, and suggested one simple step that could change outcomes: track how much food is actually eaten and review it the next day. Because a meal plan is only effective if the food is consumed.

This small but important feedback loop allowed us to adjust meals based on real intake and preferences—leading to better nourishment and, eventually, better recovery.

Lessons Learned

This experience taught me that nutrition isn't just support—it's therapy. Especially for illnesses like pneumonia, it should be part of the care plan from Day One. Here are a few key takeaways:

- Don't assume nutrition is being handled—ask questions.
- Coordinate between doctors, dietitians, nurses, and families.
- Monitor actual food intake—not just meal delivery.
- Adjust diets based on patient needs and feedback.
- Recognise that good nutrition boosts not just physical recovery, but morale.

The Way Forward Hospitals must embed nutritional care into their treatment protocols, especially for infections or chronic conditions. Nurses should be trained to observe food intake just like they monitor vitals. Dietitians should be easily accessible to



Dr Indu Arneja

Founder-Director of the Indian Institute of Healthcare Communication

families and clinical teams alike. With a proactive approach, we can ensure that patients don't just survive—but truly recover.

For my brother, the changes we implemented made a real difference: improved energy, better appetite, and faster recovery. And I was reminded that sometimes, healing doesn't come from just IV drips or medication rounds—it also comes from a thoughtfully prepared bowl of soup.

Let's not forget: nutrition is not an extra—it's essential.

Empathy in Action: Lessons from the Red Nose

Healthcare is more than just medicine. Beyond prescriptions and procedures, healing is deeply tied to emotional well-being. This is where medical clowns step in, not as entertainers, but as carriers of empathy, bridging the gap between clinical treatment and human connection.

During our first post-training hospital visits at CARE, we witnessed firsthand the impact of a simple red nose and a playful spirit. At the dialysis ward, a man who had been struggling emotionally found solace in laughter. "I was in a bad place, but this... this means so much," he said, his face lighting up as he interacted with the clowns. His son shared how moments before, he had been withdrawn and agitated, burdened by the weight of his treatment. But through music, play, and shared laughter, he found a moment of relief - an escape from pain and fear!

It is not just him. It is not just that day. In every clowning we experience, even patients with limited mobility engage however they can - some tapping their fingers, others swaying in their beds, their eyes twinkling as they dance in their own way. These interactions are not just distractions, they are acts of healing reassuring that joy is a powerful medicine.

The magic of the red nose isn't just for patients, it transforms those who wear it too. When medical professionals step into clown training and put on the nose, something shifts. They

are no longer just doctors, nurses, or caregivers, they become playful companions, seeing the hospital through a different lens. The rigid lines of routine soften and suddenly they are engaging with patients in a way that goes beyond charts and symptoms, prescriptions and procedures. The red nose strips away hierarchy, allowing medical professionals to connect with their patients as humans first. And when they walk into a room as clowns, carrying humor and warmth, they reconnect with the true essence of their calling- to heal not just bodies but hearts and spirits too!

The red nose is more than just an accessory, it is a key that unlocks moments of joy in places where they are often scarce. It breaks down barriers, transforming hospital corridors into playgrounds and sterile rooms into spaces of laughter and trust. Again and again, we



Sheetal Agarwal
Founder of Clownselors

are witnessing how this small, unassuming object carries immense power, showing patients, families and even hospital staff that healing isn't just about medicine, it is about human connection, lightness, and the courage to laugh, even in difficult times.



CARE SAMVAAD – Conversations That Heal

CARE Samvaad brought fresh insights from our expert clinicians. Hosted by Mirchi Hemant, these podcasts explore key health topics:

- Dr. P. L. N. Kapardhi explains angiography, stent placement, and common myths in cardiology
- Dr. Mir Zia Ur Rahaman Ali talks knee ligament injuries and the role of robotic surgery in joint replacements
- Dr. Vittal Kumar Kesireddy covers preterm births, febrile seizures, vaccinations, and childhood obesity.
- Dr. Manjula Anagani discusses endometriosis, fibroids, and robotic surgery in women's health
- Dr. Kiran Lingutla offers tips on spine care, common back issues, and surgical options.

A heartfelt thank you to our senior consultants for their wisdom and support in making this initiative a success. Stay tuned for more insightful conversations!



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for full video



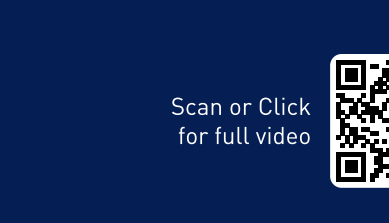
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Building Communication Excellence at CARE Hospitals, Banjara Hills

At CARE Hospitals, Banjara Hills, we believe healing starts with meaningful conversations. Our new Healthcare Communication Workshops—led by Dr. Indu Arneja, India's top expert in the field—are empowering our doctors, nurses, and non-medical staff to communicate with greater empathy and clarity. This initiative strengthens trust, enhances patient care, and reflects our commitment to a culture where every word heals and every interaction counts.



Healing Through Joy: CARE Hospitals, Banjara Hills Champions Compassion with India's First Medical Clowning Drive

At CARE Hospitals, Banjara Hills, we're reimagining healthcare with heart through India's first Medical Clowning Volunteer Program. In partnership with Clownselors Foundation India and led by renowned medical clown Sheetal Agarwal, we're inviting volunteers to share the healing power of joy. Open to all, this unique initiative brings smiles, comfort, and emotional relief to patients and families—proving that sometimes, healing begins with laughter and a red nose.

Strengthening Global Ties: A Milestone Visit from Siloam Hospitals Group, Jakarta

CARE Hospitals, Banjara Hills, recently had the privilege of welcoming a distinguished delegation from Siloam Hospitals Group, Jakarta. The team, led by Caroline Riady, CEO; Meng Kuan Phua, CFO; and David Utama, President Director, joined by Mr. Varun Khanna, Group Managing Director of QCIL, engaged in an inspiring and insightful visit.

This visit went beyond a simple tour—it marked an important exchange of knowledge, innovative ideas, and shared goals in enhancing patient care. The interaction between our clinical leaders and the Siloam team reflected the mutual commitment to improving healthcare systems and exploring new ways of collaboration.

By fostering these global partnerships, we are not only broadening our understanding of best practices but also reinforcing our shared dedication to transforming patient care on a larger scale. The visit was a reminder of the power of unity in shaping the future of healthcare.

At CARE Hospitals, Banjara Hills, we are excited about the possibilities that such collaborations hold, and we look forward to building on this relationship to drive continuous improvement in healthcare.

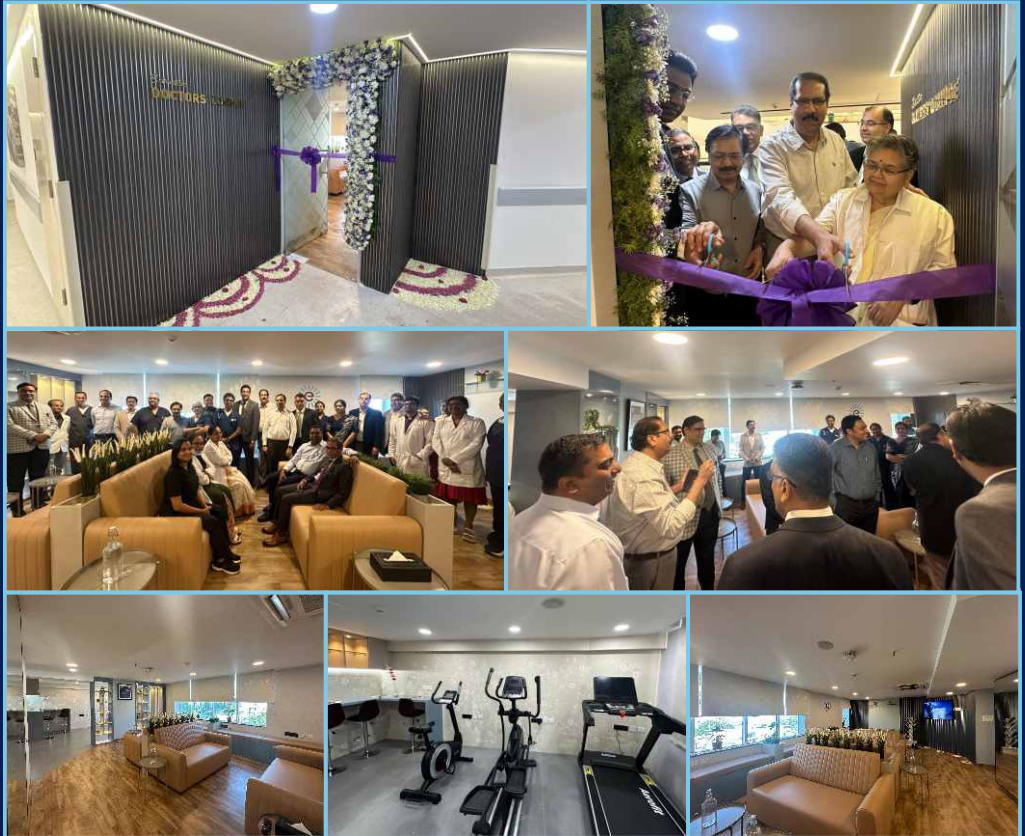


Healing the Healers – Mind, Body & Soul

At CARE Hospitals, Banjara Hills, we understand that those who dedicate their lives to healing others also need moments of rest and rejuvenation. With this in mind, we're proud to introduce the Executive Doctors' Lounge—a thoughtfully designed space created exclusively for our doctors.

This serene retreat offers a place to unwind between life-saving decisions, spark meaningful conversations, and recharge the mind, body, and soul. It's more than just a room—it's a reflection of our deep gratitude for the compassion, commitment, and care our doctors bring every day.

By creating spaces that support the well-being of our healers, we strengthen the very foundation of exceptional healthcare.



Celebrating Women at Work: CARE Hospitals, Banjara Hills Launches Hobby Clubs for Self-Care and Creativity

This International Women's Day, CARE Hospitals, Banjara Hills turned the spotlight inward, celebrating the women who form the backbone of our ecosystem. As part of our commitment to holistic well-being, we launched Hobby Clubs—a platform encouraging our women colleagues to explore their passions beyond work.

From painting and creative writing to sports and music, the response was overwhelming, with women from across departments enthusiastically signing up. These clubs are more than just a pastime—they're a space for self-care, community, and personal growth.

The celebration continued with a vibrant fun fair featuring caricature artists, pottery, nail art, temporary tattoos, and more. The day concluded with a heartfelt cultural evening and a fireside chat with some of our doctors, reflecting on the strength and spirit of women in healthcare.

At CARE Hospitals, Banjara Hills, we believe that by nurturing those who care for others, we create a stronger, more inspired workplace.



A Celebration of Purpose, Power & Possibility

International Women's Day 2025 at CARE Hospitals, Banjara Hills

As part of our International Women's Day 2025 celebrations, CARE Hospitals, Banjara Hills paid tribute to the women who lead, heal, and inspire—both within our hospital and across the state. The event featured powerful installations honouring Telangana's iconic daughters—Sarojini Naidu, Sania Mirza, PV Sindhu, and Sushmita Sen, alongside a striking 10-ft structure dedicated to the resilience of rural women. These tributes stood as symbols of strength, courage, and possibility.

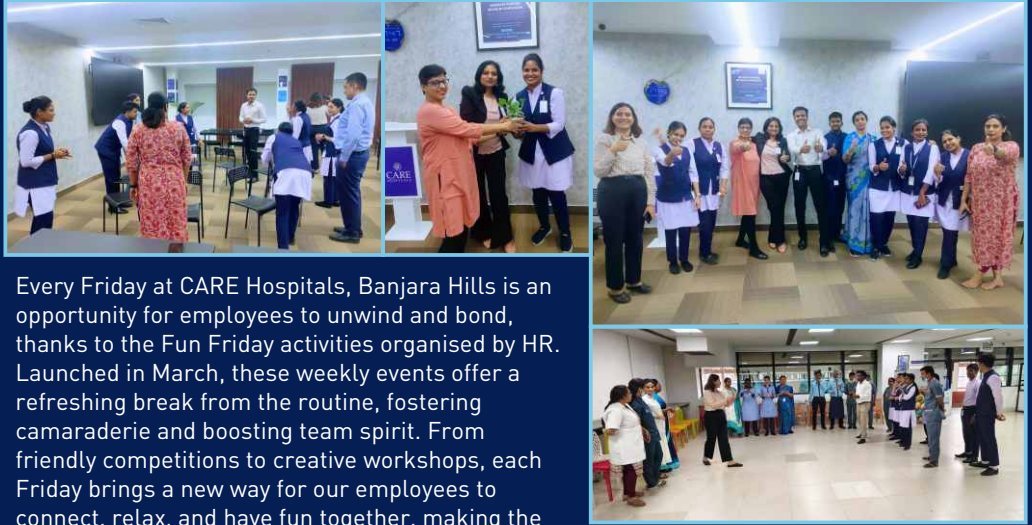
The celebration was further elevated by the presence of influential women leaders including Padma Shri Dr. Manjula Anagani, Ms. B.V. Nandini Reddy, Ms. S. Rashmi Perumal, IPS, Ms. Divi Vadthya, Ms. Swapna, and Dr. Pragnya Chigurupati, who shared their stories of breaking barriers and building impact.

Together, they inspired us to continue fostering a culture where women are recognised, supported, and empowered—every single day.



Where Team Spirit Meets Fun and Connection

Fun Fridays at CARE Hospitals, Banjara Hills



Every Friday at CARE Hospitals, Banjara Hills is an opportunity for employees to unwind and bond, thanks to the Fun Friday activities organised by HR. Launched in March, these weekly events offer a refreshing break from the routine, fostering camaraderie and boosting team spirit. From friendly competitions to creative workshops, each Friday brings a new way for our employees to connect, relax, and have fun together, making the workplace feel even more like a community.

Celebrating Unity and Togetherness:

IFTAR Party at CARE Hospitals, Banjara Hills

IFTAR PARTY

The IFTAR party at CARE Hospitals, Banjara Hills, was a beautiful celebration that brought our employees together in the true spirit of Ramadan. The event was a wonderful opportunity to foster unity and strengthen the bonds within our CARE Hospitals, Banjara Hills family.

With a spread of traditional IFTAR dishes, attendees enjoyed a delightful evening of cultural performances

and engaging conversations. It was an enriching experience, as employees came together to reflect, share, and celebrate the values of compassion and togetherness that Ramadan embodies.

This event not only nourished the body but also nurtured the spirit of community, leaving everyone with lasting memories of connection and camaraderie. We look forward to more such moments of unity in the future!



ABOUT CARE HOSPITALS

CARE Hospitals, one of India's leading healthcare providers, is committed to delivering world-class medical services across a range of specialties. With a strong focus on patient centered care, innovation, and community health initiatives, CARE Hospitals continues to play a pivotal role in advancing healthcare standards in India. CARE Hospitals Group operates 17 healthcare facilities serving 7 cities across 6 states in India. The network has its presence in Hyderabad, Bhubaneswar, Vishakhapatnam, Raipur, Nagpur, Indore & Aurangabad. A regional leader in South and Central India and counted among the top 5 pan-Indian hospital chains, CARE Hospitals delivers comprehensive care in over 30 clinical specialties, with over 3000+ beds.

TESTIMONIALS

Pusuluri Prabhu

Very efficient doctors are available. Overall Hospital area hygiene is commendable. Location Banjara hills is also as an added advantage. Overall staff are very cordial.

Radhika Karanam

It was a good experience, Doctors & Nursing staff were responded well. Even Housekeeping was good. "Care is an apt word for the Hospital"

Ramaswamy Dharmapuri

Nice hospital. We have done our Kids ASD procedure here and it was very comfortable experience with great expert doctors. Very clean and hygienically maintained.

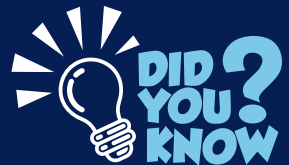
AWARDS



ACCREDITATIONS



ACHIEVEMENTS



Yawning isn't just about being tired—it helps cool the brain
Research suggests that yawning may act like a natural air-conditioning system for the brain, helping regulate its temperature and keep it functioning optimally. So the next time you're in a long case discussion and someone yawns... they might just be trying to stay sharp!

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